



CYNTHIA D. BANKS  
Interim Director

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COMMUNITY AND SENIOR SERVICES  
OF LOS ANGELES COUNTY

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*"To Enrich Lives Through Effective And Caring Service"*

BOARD OF SUPERVISORS

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August 30, 2005

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

**LOS ANGELES COUNTY AREA AGENCY ON AGING'S AREA PLAN  
FOR FISCAL YEARS 2005-2009  
(ALL SUPERVISORIAL DISTRICTS) (3-VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve the Los Angeles County Area Agency's on Aging (AAA) Area Plan for Fiscal Years 2005-2009 (Attachment A).
2. Authorize the Interim Director of Community and Senior Services (CSS) or designee to sign the Letter of Transmittal (Attachment B) on behalf of the Chair of the Board; and to submit the plan to the California Department of Aging .

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The recommended actions are necessary since the California Department of Aging (CDA) requires that the Area Plan be approved by the governing body of the AAA, the Board of Supervisors, prior to submission for approval.

The Area Plan fulfills the statutory requirement of the CDA, and provides the community with information about the planning activities for FY's 2005-09. The Area plan reflects a coordinated services system under the jurisdiction of CSS for functionally-impaired adults and older adults. It also contains the service units for nutrition and supportive services to be provided by the service providers in FY 2005-06; and, detailed information regarding the AAA's staffing.

Over the next four years, Community and Senior Services/Area Agency on Aging will undertake a major strategic planning initiative to align key strategies in the CSS Long Term Care Strategic Plan for Aged and Disabled Adults with the FY 2005-09 Area Plan goals and objectives.

#### **Implementation of Strategic Plan Goals**

The recommended actions support Countywide Strategic Plan Goals of Service Excellence and Organizational Effectiveness.

#### **Performance Measures**

All Agencies contracting with the Department are required to develop benchmark criteria for each of their performance standards. The Department will assess the agencies' performance during each monitoring visit.

#### **FISCAL IMPACT/FINANCING**

There is no impact on the County General fund. The nutrition and supportive services programs described in the attached Area plan are financed by the Older Americans Act (OAA), State, and local funds, which have been included in the Department's FY 2005-06 Adopted Budget.

#### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

As required by the State, CSS is requesting that the Board approve the FY 2005-09 Area Plan. Approval of the plan is necessary for the department to continue providing OAA services for another four years beginning July 1, 2005.

The Area Agency on Aging Advisory Council had the opportunity to participate in the planning process and to review and comment on the Area Plan.

The CAO has reviewed and concurs with the recommended actions.

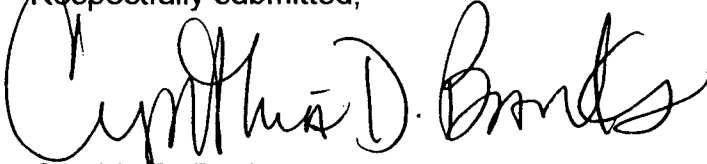
#### **IMPACT ON CURRENT SERVICES**

Approval of the Area Plan for Fiscal Years 2005-09 will enable the AAA to continue with its home and community based long-term care initiatives and programs for another (4) four years. These programs provide the opportunity for

The Honorable Board of Supervisors  
August 30, 2005  
Page 3 of 3

functionally-impaired adults and older adults to live in their own homes and communities with maximum independence and dignity.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Cynthia D. Banks". The signature is fluid and cursive, with the first name "Cynthia" being the most prominent part.

Cynthia D. Banks  
Interim Director

Attachments (2)

c: David E. Janssen  
Raymond G. Fortner, Jr.  
J. Tyler McCauley

COUNTY OF LOS ANGELES – AREA AGENCY ON AGING

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optimizing independence, dignity, and choice through a continuum of care



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under the older americans act and the older californians act

*Revised: 07-12-05*

## TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS .....</b>	<b>i</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>ii</b>
 <b>PART ONE: AREA PLAN BACKGROUND.....</b>	 <b>1</b>
<b>Section A. Setting the Stage.....</b>	<b>1</b>
1. Description of the Planning and Service Area .....	1
2. Description of the Area Agency on Aging .....	7
3. Mission and Vision Statements .....	11
4. Organizational Chart .....	12
<b>Section B. The Planning Process.....</b>	<b>13</b>
1. The Planning Process .....	13
2. Needs Assessment .....	14
3. Targeting .....	18
4. Identification of Priorities .....	19
 <b>PART TWO: AREA PLAN GOALS AND OBJECTIVES .....</b>	 <b>22</b>
Goals and Objectives .....	22
Service Unit Plan.....	30
Title III/VII .....	30
Title III E .....	39
Title V .....	45
CBSP.....	47
HICAP .....	50
 <b>APPENDICES .....</b>	 <b>53</b>
Appendix IA. Notice of Intent to Provide Direct Services .....	54
Appendix IB. Request for Approval to Provide Direct Services.....	55
Appendix II. Public Hearings .....	56
Appendix III. Governing Board .....	57
Appendix IV. Advisory Council.....	58

Appendix V.	Priority Services: Funding for Access, In-Home, and Legal Assistance .....	59
Appendix VI.	Community Focal Point List.....	60
Appendix VII.	Multi-Purpose Senior Center Acquisition and Construction Compliance Review.....	63
Appendix VIII.	Family Caregiver Support Program: Notice of Intent for Non-Expenditure of Funds .....	64
Appendix X.	Legal Assistance .....	65
<b>ASSURANCES .....</b>		<b>67</b>
<b>AREA PLAN BUDGET .....</b>		<b>73</b>
<b>ACRONYMS .....</b>		<b>93</b>

## ACKNOWLEDGMENTS

The development of this Area Plan benefited from the expertise and insights of our primary partner, the Advisory Council. We would like to express our deepest appreciation to the following:

- Our agency's Advisory Council members who served on the Area Plan Development Committee, including: Ms. Patricia Wilson, Mr. Nate Riddick, Mr. Ric Rickles, , Ms. Ada Battle, Ms. Ruth Levine, Mr. Peter McGrath, Ms. Oleeta Igar, Ms. Zelda Hutchinson, Mr. Ted Anderson, Ms. Roseo Borja, Mr. Frank Calderon, Ms. Pearlina Calderon, Mr. Vatche Kelartinian, Ms. Mattye Fegan-Perry, and Mr. Otha Ray Scott. **A special thank you to Mr. Jack Cumming who served on this committee as a community member.**
- Specific staff of the Los Angeles County Area Agency on Aging and the department, including Ms. Christina Tadeo, Sonja Ivey-Rojas, Janine Taylor, JeNai Davis, Mike Juarez, Rhonda Rangel, Jay Glassman, Pat Senette-Holt, Kathye Pouncey, and Yolanda deRamus.

Finally, we would like to thank any and all other persons not specifically mentioned, who provided their support and assistance in developing and finalizing this Area Plan.

## EXECUTIVE SUMMARY

The Los Angeles County Area Agency on Aging (AAA) has developed this area plan to guide us in our future-focused leadership role. The threshold approach in the development of this plan was to align and focus the work based on strategic themes and opportunities to maximize implementation. The Area Plan is only a narrative of good intentions if it is not implemented. The AAA's strategic themes or initiatives were derived from the Board-adopted Long-Term Care Strategic Plan (LTCSP), 2003-06, and shaped into these three goals: 1. Innovation and Growth. Mobilize change through strategic awareness, alignment and readiness. 2. Customer Value. Optimize the quality of life through service excellence and customer satisfaction. 3. Operational Excellence. Strengthen the infrastructure of home and community-based services.

The AAA incorporated 13 objectives from the LTCSP into the Area Plan. In addition to the LTCSP alignment, the AAA aligned various Proposition 63 (Mental Health Services Act) initiatives particularly related to the expansion of training and case management services. Proposition 63 will bring significant resources to Los Angeles County to expand and transform mental health service delivery to children, adults, and seniors. Furthermore, the City and County AAAs committed to jointly implementing four objectives from the LTCSP. These include identifying opportunities and resources for care managers and social workers to enhance service delivery and the training of long-term care providers on specialized mental health needs of older adults.

The reader will find descriptions of Los Angeles County, the planning and service area, and the general population, followed by a description of the AAA, including our Mission and Vision. This sets the context for the process we undertook to develop this plan, and our priorities for the 2005-09 planning period.

The most revealing portion of the Area Plan can be found in Part Two, Goals, and Objectives. It is in this section that we present our goals for the period 2005-09, as well as those objectives that will guide our actions for the coming fiscal year. These goals and objectives were developed from priorities identified in its needs assessment processes and taking into consideration funding constraints, collaborative opportunities, and targeting mandates.

The objectives reflect activities that expand beyond the AAA's funding parameters through strategic partnering with County and community resources. Alignment of County and community initiatives through collaborative work is the key to successful implementation. Collaboration is the cornerstone of effective institutional change and should be the guiding theme for the development of systems of long-term care in Los Angeles County.

Each year of the four year planning period, the Area Plan is updated to report any relevant changes, including new and carry-over objectives that we will pursue for the coming fiscal year. We welcome the community's input and involvement regarding enhancements to this plan, including unmet needs to be considered.



## **PART I: AREA PLAN BACKGROUND**

### **SECTION A: SETTING THE STAGE**

#### **1. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19)**

The County of Los Angeles, with a population of nearly 10 million people, has more residents than any county in the nation. The County of Los Angeles is governed by a five-member Board of Supervisors (BOS) who are elected on a non-partisan basis and serve four-year terms. As the governing body, the BOS serves as both the executive and legislative authority of the largest and most complex government in the United States.

The County has an annual budget in excess of \$17.1 billion. Thirty-six major administrative units or departments serve the needs of the County's population. The County's budget includes over 92,000 full-time personnel to serve its diverse population.

The geographic boundaries of the PSA for Los Angeles County includes the islands of San Clemente and Santa Catalina, and is bordered on the east by Orange and San Bernardino Counties, on the north by Kern County, on the west by Ventura County and on the south by the Pacific Ocean. It includes 4,081 square miles, larger by a fifth than the combined area of the states of Delaware and Rhode Island. It is the nation's most populous county and, yet, it includes difficult to serve rural areas.

The physical characteristic of the PSA ranges from seaside areas to some of the highest mountains in the nation. Territorial divisions result with the coastal plain area separated by barrier mountains from the inland areas of the Service Area. This hampers the delivery of services within the PSA.

The geographical characteristic of the PSA ranges from rural, inaccessible areas to some of the most densely populated areas in the nation. Administratively, there are large unincorporated districts and large cities with sophisticated municipal government and everything in between. There are 88 cities within Los Angeles County, but still more than 65% of the County's land area is unincorporated. For these areas the County administration provides municipal services as well as all services generally associated with county governments. Although Los Angeles City has its own PSA, the administration of services to the remainder of the County is still challenging and some services, such as, Adult Protective Services, health, and mental health services are administered countywide by the County, including Los Angeles City.

The Los Angeles County PSA is unique since Los Angeles City constitutes a separate, though coordinated, PSA. Still the complexity of Los Angeles County mandates that the County be divided for administrative purposes. The County is divided into eight

"Service Planning Areas" (SPAs) for coordination but particularly for health care planning purposes. Each SPA has an Area Health Office that is responsible for planning public health and clinical services according to the health needs of local communities. Some examples of healthcare planning activities include:

- assessing health needs of local communities
  - providing services through Department of Health Services clinics and community partners
  - promoting health & preventing disease
  - collaborating with community groups to improve the health of SPA residents
- County public health care in each of these areas is coordinated by an "Area Health Officer" (AHO).

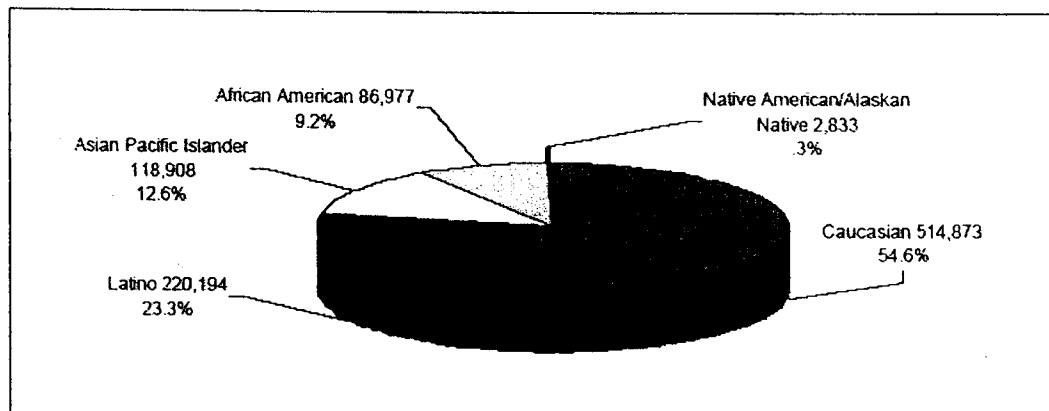
The areas are mapped as follows:

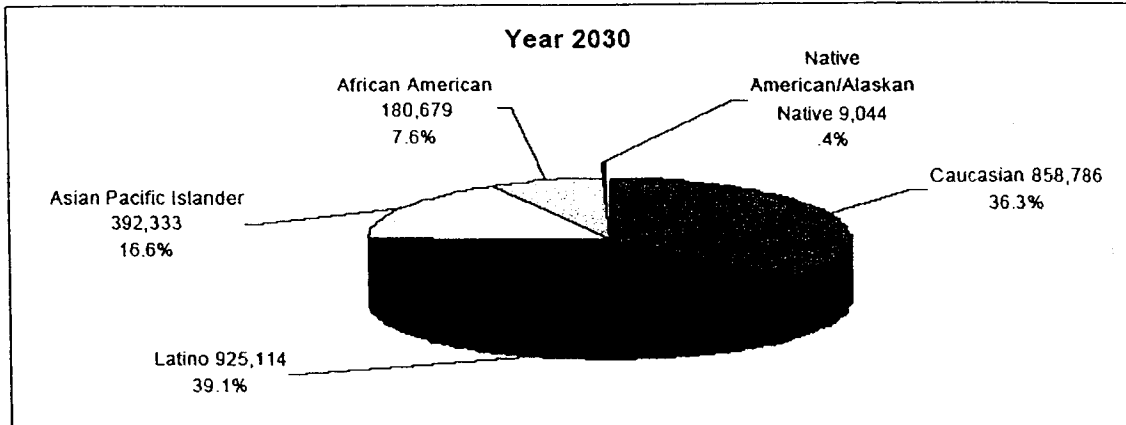
The impact of these characteristics on planning considerations in the Los Angeles County PSA is complicated by its geographic extent and physical characteristics. The County has responded to that challenge by developing the SPA structure to address the geographic diversity of the PSA area.

The demographic characteristics of the PSA for Los Angeles County is an ethnically, as well as geographically, diverse PSA as can be seen in the following:



**Los Angeles County Population Age 65+ by Major Ethnic Groups  
Year 2000**





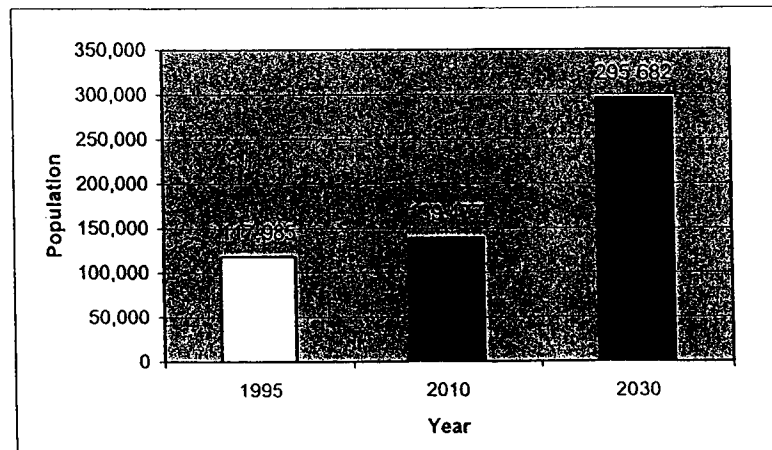
Moreover, the total number of elderly women will increase dramatically in the next three decades, more than doubling by 2030. Refer to the following graph.

**Gender Diversity Among the Aged  
Los Angeles County (2000-2030)**

Year	Total County Aged	Total Females	Total Males	% Total Females	% Total Males
2000	1,233,406	705,937	527,469	57%	43%
2010	1,625,969	903,225	722,744	56%	44%
2020	2,324,577	1,255,796	1,068,781	54%	46%
2030	3,076,164	1,610,144	1,466,020	52%	48%

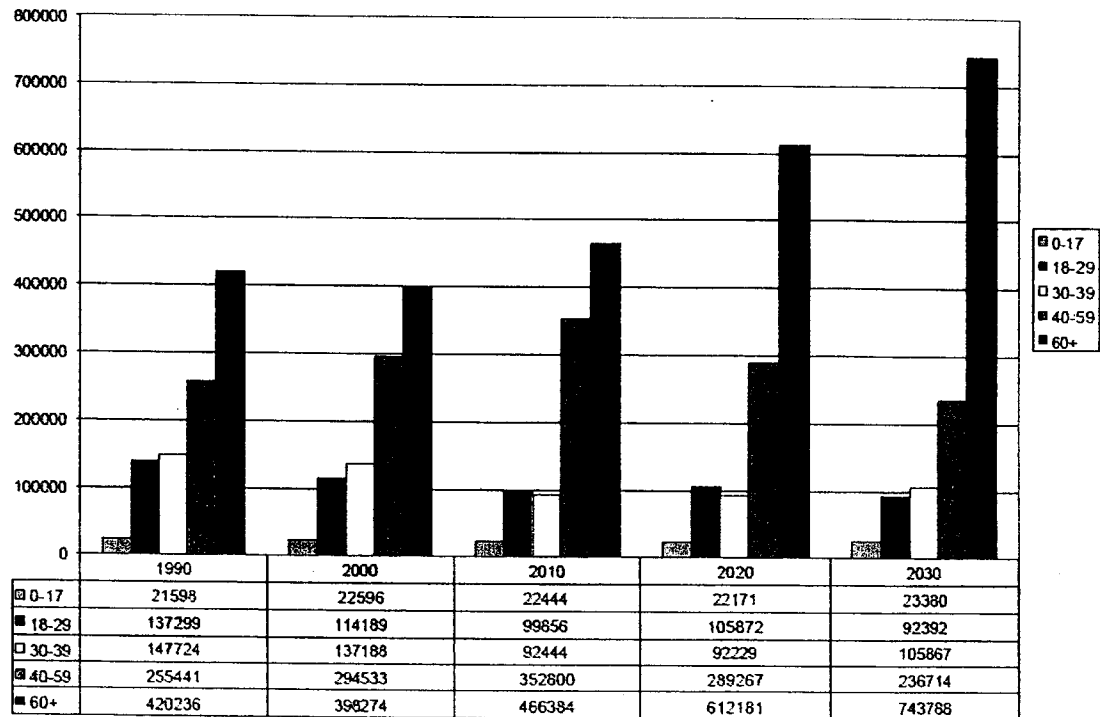
The PSA faces a growing economic challenge to the well-being of those we serve:

**Los Angeles County Population Age 65+ Living at  
or Below the Poverty-Level  
1995-2030**



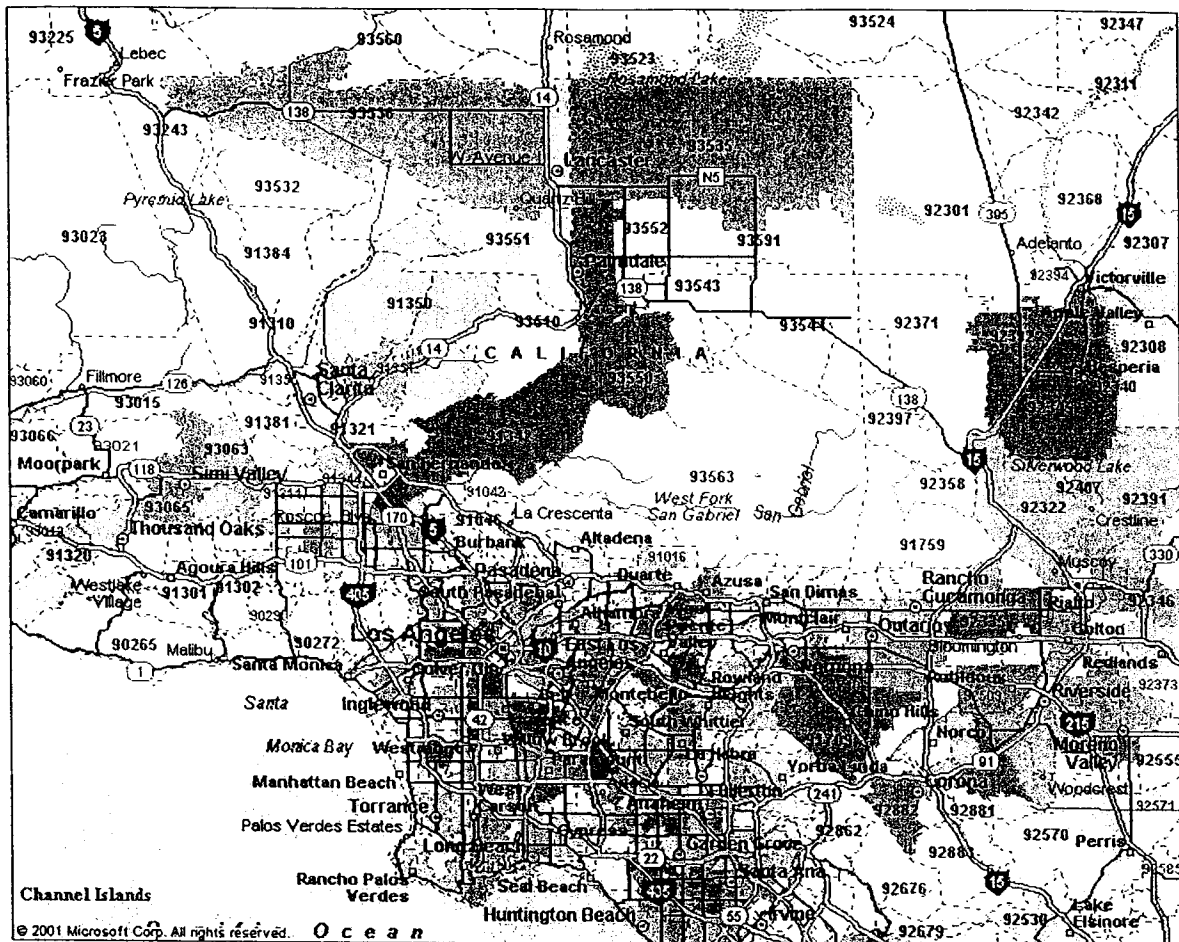
The growth in the care challenge as regards to the number and proportion of older individuals, family caregivers, and individuals with functional impairments, is evident in the following chart.

**Disabled Population by Age  
Los Angeles County, 1990 to 2030**



A cross-reference of the ethnic and economic data with the age-specific disability rates reveals that the need is greatest primarily among the low-income, predominantly ethnic populace of the County. The number can be discerned from the large population living below the poverty level as graphically depicted above. Many of these same people are disabled or ethnic individuals with limited economic opportunities.

The map below shows the number and proportion of the potential client population that resides in rural areas, specifically, the population of Los Angeles County at the Zip Code level. More populous Zip Codes are darker and less populous, rural Zip Codes are lighter. Less populous areas also have larger Zip Codes while urban areas have clustered Zip Codes.



The table below describes the percentage of the potential client population with regards to language abilities. The data which was taken from the Quick Facts website of the U.S. Census Bureau, will give an indication of the demographics of the language challenge.

People QuickFacts	Los Angeles County	California
Language other than English spoken at home, pct age 5+, 2000	54.10%	39.50%
Foreign born persons, percent, 2000	36.20	26.20%

The table below shows the number and percentage of the potential client population that has severe disabilities. Severity is relative and therefore not readily quantifiable.

People QuickFacts	Los Angeles County	California	Percentage
Persons with a disability, age 5+, 2000	1,775,009	5,923,361	30.0%

The following are the PSA's constraints and resources:

#### Constraints

- The vastness of the county and its numerous political jurisdictions pose great challenges in the development of community-based systems of care.
- Los Angeles County represents an extreme diversity of persons. The ethnic populations are growing faster than the population at large due to an influx of immigrants in recent years; many do not speak English as their primary language. In the year 2010, 56% of the age cohort 60-74 will be of some ethnic background. The Hispanic elderly will increase the most in absolute numbers and they are expected to be the majority of the elderly in 2010. People with low incomes and the least education are the least knowledgeable about long-term care and health care.
- Affordable housing continues to be a critical unmet need especially for older adults on fixed incomes. An emerging trend is the "eviction" of low-income older adults from their communities (large and highly-developing cities) with no rent control.
- Accessible, affordable, and better coordinated transportation services are almost non-existent. Proposition A para-transit funds for seniors and the disabled are widespread; however, minimal flexibility exists to cross jurisdictional boundaries.

#### Resources

- Los Angeles County encompasses the world's most culturally diverse urban region, rich in history and cultural information, essential tools to those interested in understanding the dynamics of America's 21<sup>st</sup> century ethnic frontier.

- Los Angeles County is home to a number of major public and private universities such as the University of Southern California (USC), Loyola Marymount University, the Claremont Colleges, the University of California at Los Angeles (UCLA), and several California State Universities that offer degrees in Gerontology and other aging-related disciplines, and conduct research in aging, dementia, and disability.
- A well-established network of community-based organizations, including private, non-profit, governmental, and for-profit service providers serve the aged and the disabled; and
- Los Angeles County, because of its size, is looked upon by the nation as a testing ground for the innovative delivery of health care and social services.

## **2. DESCRIPTION OF THE AREA AGENCY ON AGING**

The Los Angeles County Area Agency on Aging (AAA) is housed within a department of local county government called Community and Senior Services (CSS). The department provides comprehensive human services to residents of Los Angeles County in partnership with communities, businesses, and public and private agencies. The Department assists residents to become self-sufficient, strengthens and promotes the independence of older persons; provides employment and training for unemployed adults, displaced workers, seniors, young people and California Work Opportunities and Responsibility to Kids (CalWORKs) participants; protects and assists adult victims of abuse; provides safety and security for domestic violence victims; and develops services that are needed within local communities. In Fiscal Year 2005-06, the department's proposed budget totals \$121 million.

The AAA is a separate division within the Aging and Adult Services Branch of CSS, and is responsible for identifying unmet needs of older county residents as well as planning, coordinating, and implementing programs that promote health, dignity, and well-being of the county's residents. Serving as the coordinator of programs under the Older Americans Act (OAA) as well as other Federal, State, County, and private sources of funding directed for services to the elderly, the AAA is a vital arm of the department. To maximize its OAA core responsibility, the AAA administers about \$40 million budget consisting of 12 funding streams (Federal, State, and local funds). The AAA contracts with 51 agencies countywide to deliver human services that maximize independence, dignity, and choice for older adults and adults with disabilities. The AAA's governing body is the County's Board of Supervisors.

The AAA is assisted in its leadership role by an Advisory Council (mandated by the OAA) of up to 100 senior advocates. Advisory Council members represent various senior organizations and the general public, and assist the AAA in all matters relating to the development and administration of the Area Plan and the activities

therein. Leadership is further enhanced through the work of the County's Commission on Aging (about 25 Commissioners) who advise the Board of Supervisors on all aging services matters.

The Aging and Adult Services Branch of CSS also includes other key programs serving older adults and adults with disabilities. These programs are Adult Protective Services (APS), 11 Service Centers and three Senior Centers directly operated by CSS staff and strategically located throughout the County. APS is a State-mandated program that provides crisis intervention and case management services to elderly and dependent adults who are victims of neglect, abuse, exploitation, or who are unable to protect their own interests, and to family members on behalf of the victims. APS receives an average of 2,100 reports each month of suspected abuse and self-neglect. The Service and Senior Centers serve as primary access points to community and government services by the County's residents. The centers provide direct services to individuals and families to meet immediate critical needs including emergency food, payment of gas and electric bills, and ombudsman assistance for persons in crisis. Other services include APS outreach to provide support services to APS clients and Family Caregiver community education, information and assistance, and outreach. The centers also serve as "service brokers" to tenant agencies and community-based organizations that provide a wide range of services including: child day care, English-as-a-second language education, health care, and substance abuse counseling. The centers are a vital part of the department's service delivery system for families, older adults, and adults with disabilities.

### **AAA Leadership in Developing Systems of Care**

The AAA has embraced its future-focused leadership role in home and community-based long-term care systems development as demonstrated through these initiatives:

1. Effective Nutritional Health Assessments and Networks of Care For the Elderly (ENHANCE).

ENHANCE was initiated by the AAA in the Spring 1995, to serve the County's seniors at high nutritional risk. The program was initially financed with OAA Title IIIF (Preventive Health) funds, now known as IIID. The program is modeled after the Nutrition Screening Initiative that was developed jointly by the American Academy of Family Physicians, the National Institute on Aging, and the American Dietetic Association. This program aims to provide appropriate intervention to reduce malnutrition and therefore improve the chances of seniors to remain healthy at home. Since its inception, 12,800 high-risk seniors have been visited by registered dietitians for nutrition intervention. In Fiscal Year 2003-04, 1,334 seniors received one-on-one consultations from registered dietitians; 891 seniors were seen in their homes; 233 were referred from C1 sites and 210 were referred from the Integrated Care Management Program. The average NSI initial risk score of all clients served was 9.6. An NSI score



of six or more is considered to be high nutrition risk. Risk scores are notably improving. In fiscal year 2003-04, an overall 30% improvement change was recorded. Especially impressive is the significant reduction (24%) in the risk of care management clients.

## 2. Integrated Care Management (ICM).

In July 1999, the AAA began a three-year demonstration project called the *Integrated Care Management Demonstration Project*. This program is an innovative approach to addressing the increasing needs of older adults and disabled adults for case management services that improve access to community-based services and public funding and coordination with APS and other key social service resources. An independent evaluation of the program was conducted in 2002. The evaluation revealed that ICM addressed critical issues in care management of both older adults and younger disabled adults, including:

- Creation and implementation of a diversified funding strategy that increased funds available for care management and purchase of service by 200%;
- Development of a network of 24 community-based agencies with a uniform set of criteria for client eligibility;
- Use of a single practice model for case management by all contracted agencies (the Linkages model);
- Improved coordination between APS and community case managers; and
- High level of client satisfaction

The evaluation also revealed certain weaknesses including: categorical funding structure and need to maximize all available funds, lack of ongoing training at all levels of staffing, and lack of outcomes measurement and a quality improvement program.

ICM is now 6 years old and the time has come to redesign and strengthen the program for future success. In March, 2005, the AAA hired a full-time Chief Analyst to support the program. Priorities include development and implementation of a training curriculum for the 25 community-based agencies and AAA staff (particularly monitoring staff), development of outcome measures, and establishment of a quality assurance component. Furthermore, in May, 2005, the AAA plans to contract with a consultant to conduct a critical review of the program's organizational and funding structure, including the recommendation for a management information system/software product to support data collection and analysis. At the conclusion of the review, various alternative models will be presented and discussed. The objective is to identify promising evidence-based models. Two elements are necessary to introduce

evidence-based practice into care management systems—a longitudinal clinical and financial database and infrastructure that facilitates the regular interaction of care managers with data about their client's care and the opportunity to learn from their experience and from one another. The AAA with State and community input will select a model and start the competitive process in the Fall 2005 for ICM's third generation of services to begin July 2006.

3. Long-Term Care Strategic Plan for the Aged and Persons with Disabilities, 2003-2006.

In 2001, the AAA embarked on an extensive and collaborative strategic planning process involving 170+ strategic partners (i.e., community-based agencies, cities, seniors, consumer advocates, etc.). The plan was further enriched by consumer input obtained through eight community forums convened countywide. The plan's recommendations (7 goals, 24 strategies to advance the goals, and 47 objectives) were intended to provide a practical framework for the first step of transforming home and community-based long-term care services in Los Angeles County. The strategic plan was unanimously adopted by the Los Angeles County Board of Supervisors on January 21, 2003. Implementation of the plan draws on the collaboration of 18 County departments and multiple community agencies. The Area Plan 2005-09 represents the AAA's beginning alignment to the Long-Term Care Strategic Plan.

Home and community-based long-term care systems development in Los Angeles County is a leadership paradox. The process is complex and challenging but rich with opportunities. The most critical difficulty facing older adults and adults with disabilities is an inability to easily access available services. Service delivery in the County involves multiple payors and a variety of County departments and community-based providers each with different roles and responsibilities. There is relatively little collaboration among payors and providers at this time, principally because existing financial structures and organizational realities provide few opportunities or incentives to do so. The result is that consumers often fall between the cracks and fail to receive the services they need. This situation will worsen precipitously in coming decades unless major changes are made in the service delivery system.

It is said that the art of leadership is to redefine the possible. The Board of Supervisors' adoption of the Long-Term Care Strategic Plan is Los Angeles County's first bold step for transforming long-term care services to prepare for the anticipated demand in services. The Los Angeles County Department of Community and Senior Services/Area Agency on Aging is the only County department with the broader mission to provide leadership in addressing issues that relate to older adults (specifically low-income older women) and to develop community-based systems of care that provide services which support independence and protect the quality of life. In keeping with

this mission, the department is well positioned to take a proactive role in coordinating and facilitating implementation of the strategic plan's goals and objectives in collaboration with relevant County departments and community leadership and support. Thirteen Long-Term Care Strategic Plan objectives are aligned into the Area Plan 2005-09. These strategic objectives are identified as: (LTCSP, 2003-06) on Part Two: Goals and Objectives, of this Area Plan.

### **3. MISSION AND VISION STATEMENTS**

#### **Mission**

At this time, the AAA will adopt the following core mission statement (per CCR Article 3, Section 7302): To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

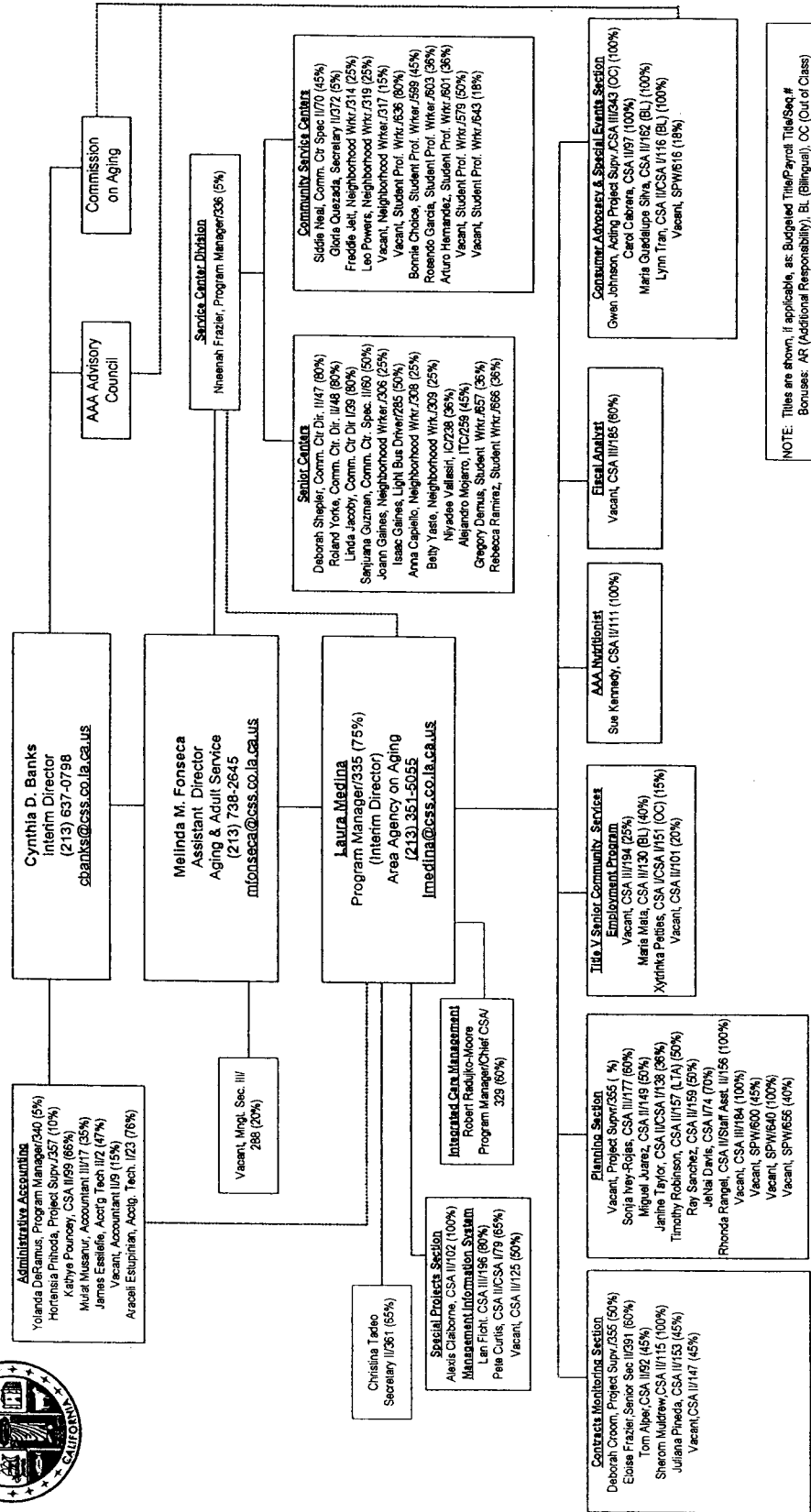
In addition, the AAA includes the following vision statement to guide our endeavor:

#### **Vision**

To create an integrated community-based system of care that optimizes independence, dignity, and choice through a continuum of care.

## 4. ORGANIZATIONAL CHART

### LOS ANGELES COUNTY COMMUNITY AND SENIOR SERVICES AREA AGENCY ON AGING



## SECTION B: ESTABLISHING PRIORITIES

### 1. THE PLANNING PROCESS

In keeping with its *Future-Focused Leadership* role, the AAA embraces the following definition of planning: "Planning is reasoning about how an organization will get where it wants to go. Its essence is to see opportunities and threats in the future and to exploit or combat them by decisions taken in the present." (Starling, 1996)

#### **Alignment and Focus**

The threshold approach in the development of this plan was to align and focus the work based on strategic themes and opportunities to maximize implementation. The Area Plan is only a narrative of good intentions if it is not implemented.

The AAA's strategic themes or initiatives were derived from the Long-Term Care Strategic Plan (LTCSP), 2003-06, and shaped into these three goals:

1. Innovation and Growth. Mobilize change through strategic awareness, alignment and readiness.
2. Customer Value. Optimize the quality of life through service excellence and customer satisfaction.
3. Operational Excellence. Strengthen the infrastructure of home and community-based services.

As previously mentioned, the AAA incorporated 13 objectives from the Long-Term Care Strategic Plan into the Area Plan. Multiple County and community partners will be involved in the implementation. The Board of Supervisors' adoption of the LTCSP positioned Los Angeles County to take a stronger leadership role in the local planning and coordination of long-term care services. Health care cost inflation, the increasing numbers of the County's aging and disabled adult population, and the U.S. Supreme Court's Olmstead 1999 decision create the urgent need for the County to take a proactive role in long-term care services system development. Olmstead's central holding is that the Americans with Disabilities Act prohibits states from unnecessarily institutionalizing persons with disabilities. The presumption is in favor of community care.

In addition to the LTCSP alignment, the AAA aligned various Proposition 63 initiatives particularly related to the expansion of training and case management services. During the November 2004 General Election, the Mental Health Services Act (Proposition 63) was approved by 53.4% of California voters, and 57.8% of Los Angeles County voters. Proposition 63 will bring significant resources to Los

Angeles County to expand and transform mental health service delivery to children, adults, and seniors.

Furthermore, the City and County AAAs committed to jointly implementing four objectives from the LTCSP. These include identifying opportunities and resources for care managers and social workers to enhance service delivery and the training of long-term care providers on specialized mental health needs of older adults.

## **2. PUBLIC INPUT AND GENERAL NEEDS ASSESSMENT PROCESSES**

The AAA established a special Area Plan Development committee (10 core members) of the Advisory Council to assist in the planning effort. The group began meeting in October, 2004 and continued to April, 2005. Overall, consensus was reached to employ an eclectic approach to needs assessment. The AAA did not have the resources to invest in a comprehensive study; thus, the group maximized the review and analysis of existing data including Census 2000 and the LTCSP, deployed a special inquiry of the County's 88 cities and 36 County departments of senior needs assessments studies, and conducted an evaluation of the AAA's 44 Focal Points. The AAA designated Focal Points in the 1990s and minimal AAA systems development transpired through the years. In addition to these methods, the AAA will be obtaining community input particularly in ethnic communities in early June for a "reality check" of the Area Plan's Goals and Objectives.

### **Needs Assessment and Findings**

The AAA used the following methods of assessing the needs of the population within its planning and service area:

1. Long-Term Care Planning Rationale of the Strategic Plan (2003-06). A review of the rationale revealed that there are several major reasons why the County decided to engage in better long-term care planning. These reasons reflect a growing gap between service demands and service delivery. The most important factors are summarized below.

*Population Growth.* There will be more older adults and disabled adults in the next several decades, primarily due to the aging of the Baby Boom generation (those persons born between 1946-1964). In the year 2030, the age 60+ population in the County will increase by 149% from the year 1990.

*(Hedderson, John et.al, Demographic Trends Affecting Strategic Planning of Long-Term Care of the Aged and Disabled Adults, LA County, 1990-2030; 2002).*

*Demographic Diversity.* Los Angeles County represents an extreme diversity of persons. The ethnic populations are growing faster than the population at large due to an influx of immigrants in recent years; many do not speak English as

their primary language. In the year 2010, 56% of the age cohort 60-74 will be of some ethnic background. ((Hedderson, John et.al, *Demographic Trends Affecting Strategic Planning of Long-Term Care of the Aged and Disabled Adults, LA County, 1990-2030; 2002*).

*Women's Issues.* The most pivotal demographic indicator reflects the disproportionate role of women as both care-receivers and caregivers. Women will place a much greater demand on long-term care services for several core reasons: (i) the total number of elderly women will increase dramatically in the next three decades, more than doubling by 2030, (ii) females comprise a larger percentage of the frail elderly (age 85+ years), outnumbering males by a nearly 2:1 ration, and (iii) women generally have significantly fewer financial resources (e.g., pensions and shorter work histories) than men and have to stretch them further due to their lower lifetime earnings and greater longevity. Furthermore, as caregivers, females constitute an even more significant majority of people who are engaged in providing some level of informal care to family or friends, about 75% of the total caregivers according to some estimates. (*Mother's Day Report, Washington D.C.: Older Women's League, 2001*).

*Life Expectancy.* People are living much longer today than previous generations. This disproportionately amplifies the demand for services. Half a century ago, people lived an average of seven years beyond retirement; now they are living an average of 22 years beyond retirement, a trend that is likely to increase with the elderly of tomorrow.

*Quality of Life.* There exists a shift in focus about the quality of life that older adults and adults with disabilities find most desirable. Research suggests that individuals prefer to remain self-sufficient for as long as possible. Trends in the past century reveal a growing reliance on institutionalized services as people age in part because of the increased need for specialized health care and the fading networks of extended families/friends that traditionally provided home-based support for the elderly.

*Fragmented Service Delivery.* The most critical difficulty facing older adults and adults with disabilities is an inability to easily access available services. The problem does not primarily lie in a lack of appropriate services, although the delivery system suffers from heavy demand and inadequate resources. It also lies in the overly fragmented and often competitive nature of the long-term care system.

*Institutional Capacity.* The County's institutional capacity to provide the specialized acute health care and skilled nursing services that older adults and disabled adults require will affect service delivery. Despite the shift towards home-based supportive services, health care will remain a core component of the long-term care system due to the increased vulnerability of that segment of

the County's population. The highest healthcare costs come with multiple chronic conditions, not age.

*Financial Resources.* The last major factor affecting the delivery of long-term care services in Los Angeles County is financial resources. This involves funding levels as well as the source of funds and the constraints of the funding streams. Long-term care is more expensive and more dependent on a mix of public funding from federal, state, and local sources than any other economic sector (accounting for more than 30% of national health care expenditures and more than 50% of social service costs). The categorical nature of these funds constrains the availability and the delivery of long-term care services, focusing on institutionalized medical treatment with little or no authorization for requisite home-based supportive services.

2. Special Inquiry of the County's 88 Cities and 36 County Departments. The results of the special inquiry to obtain senior needs assessments studies were disappointing. Of the 88 cities, 11 responded with a report; of the 36 County Departments, one responded with a report regarding the Status of the Adult Day Health Care Planning Council. Thirteen other departments confirmed that they conducted no evaluations assessing the needs of seniors or persons with disabilities. A review of the received reports validated the list of the critical issues identified in the LTCSP. These include: Funding Resources and Limitations, Transportation, Housing, and Health Care. Needless to say, the limited senior needs assessments of County and local government demonstrate a critical gap in service delivery evaluations of the present and future.
3. Evaluation of the AAA's 44 Focal Points. Of the 44 Focal Points, 35 responded. All of the agencies provide services in English and a majority in Spanish. There were only 5 agencies that provide services in Cantonese and Korean, 2 in Taiwanese and Mandarin, and only one agency provided services in all of the listed languages including Cambodian, Russian, and Japanese. Similar answers in gaps in services include lack of: housing, transportation, mental health services, and multilingual programs. Overall, the results further validate the critical issues in the LTCSP and underscore the need to continue proactive outreach to the County's API populations.

### **Preparing for the Future: The "Baby Boomer" Challenge**

Los Angeles County similar to the rest of the United States, is a region characterized by profound change and conflicting views. Some of the most significant changes are occurring in health and human services, which have grown tremendously during the last several decades as the County's population has exploded and its residents' needs have expanded. One of the most critical and least recognized areas of concern involves the growing needs of older adults, low-income older women, and



persons with disabilities. The growing needs of this population have received relatively little attention in the debate over health care reform during the past decade. This has occurred because the aged and disabled adults occupy a marginal position in society, they represent a smaller portion of the population as a whole, and they tend to require ongoing long-term rather than the episodic short-term interventions that are the mainstay of modern health and human services.

Senior and disabled care is going to change very suddenly and dramatically, as the Baby Boomers reach elderly status and enter retirement. In coming decades, the ranks of the elderly and people with disabilities will swell to a degree that is unprecedented in history. The growth of this population, coupled with generational differences between them and the rest of the County's population, will likely overwhelm County programs and resources unless appropriate plans are made. Consequently, services for the next generation of older adults will have to be more comprehensive than they are at the present time. Successful planning and implementation to meet this challenge in coming decades will require considerable foresight and effort rather than a simple extrapolation of existing services.

Recognizing the needs of this population is only the first step in making the kind of progress that will be required. Today's older adults and persons with disabilities are living longer and healthier lives than their predecessors – a trend that is expected to continue. This is good news for those who have the personal resources and support of caregivers to fully enjoy the benefits of increased longevity, but it is a decidedly mixed blessing for those who do not. While the majority of older adults and adults with disabilities can count on some level of publicly-funded programs to cover their basic health care requirements and some supportive services, many needs go unmet. Moreover, it is increasingly common that many older adults and disabled people who do not know what services are available to help meet their needs or how to readily access them. For these reasons, there is growing community consensus that public programs should be drastically refocused to provide a more comprehensive set of social and supportive services that promote independence and enable people to reside in home and/or in home-like settings for as long as possible.

To start preparing for the future, the Los Angeles County Department of Community and Senior Services – Area Agency on Aging began formal work on the development of the Long-Term Care Strategic Plan in Spring 2001, when CSS staff developed an operating structure and process for the project. The structure focused on establishing three related planning groups. One was a *Community Round Table (CRT)* composed of 100-150 consumers, service providers, advocates, and experts. Another was an *Interdepartmental Planning Body (IPB)* composed of 20-25 people from key County agencies. The third was a *Work Group (WG)* composed of 18-20 leaders from the CRT and IPB to enhance communication and collaboration throughout the project. The CRT and the IPB met on a bi-monthly basis, providing

input and feedback to the WG on all aspects of the project. The WG met on a monthly basis, serving as principal developers and crafters of the planning document. The Strategic Plan was finalized in November 2002, and the Board of Supervisors unanimously adopted the plan on January 21, 2003.

### **3. TARGETING**

“Targeting” refers to ensuring the provision of services to certain groups of eligible consumers, because these consumers are either in greater need of the services, or because their usage of available services is low in proportion to their representation in the larger population (for example, the age 60+ population). The AAA’s guiding federal document, the Older Americans Act of 1965, requires that services be targeted to persons in greatest economic need and greatest social need, with particular attention to low-income ethnic minority older persons. Persons in greatest economic need are those whose income levels are at or below the poverty level. Persons in greatest social need are those with physical and mental disabilities, language barriers, or isolation caused by cultural, social, or geographic factors (including racial or ethnic status).

Los Angeles County’s demographic diversity will affect the delivery of long-term care services in the future more than it currently does due to the increased proportion of minorities and the poor/near-poor. Although, all of the ethnic groups will increase in number, their rates of increase will vary considerably and lead to a profound reversal in overall cultural composition among older adults and people with disabilities. Hispanic-Americans and Asian-Americans combined to comprise a third of the aged and disabled adults population in 2000 but are projected to grow 8-10 times faster (500% and 320%, respectively) and together will constitute nearly 60% (42% and 16%, respectively) of County aged and disabled adults in 2030.

As the County’s population ages, this diversity provides numerous challenges to everyone involved in long-term care. Older adults will continue to manifest the highest poverty rate of any demographic group of Americans, despite rising benefits and entitlements for those over 65, and the neediest elderly are still likely to be members of ethnically diverse groups. The barriers associated with such a large proportion of linguistically-varied aged and disabled adults will also complicate service demand, in terms of inhibiting access/utilization by consumers and requiring more language-specific delivery of services by providers. Please refer to the following charts delineating the 2000-2030 populations for the aged and disabled and ethnic groups. (Hedderson, 2002)

**Aged and Disabled Population**  
Los Angeles County, 2000 - 2030

Year	Total County Population	Aged/Disabled Population (60+ Years)	Disabled Population (0-50 Years)	Total Aged/Disabled Population	Aged/Disabled % Total County Population
2000	9,519,308	1,233,406	568,506	1,801,912	19%
2010	10,604,452	1,625,969	567,544	2,193,513	21%
2020	11,575,693	2,324,577	509,539	2,834,116	25%
2030	12,737,077	3,076,164	458,353	3,534,517	28%

**Ethnic Diversity Among the Aged**  
Los Angeles County, 2000 – 2030

Year	Total County Age	Caucasian American	Hispanic American	Asian American	African American	Native American
2000	1,233,406	667,698	256,914	156,524	122,205	3,249
2010	1,625,969	739,621	480,691	252,825	146,166	6,666
2020	2,324,577	934,932	804,143	372,402	203,753	9,347
2030	3,076,164	1,040,582	1,293,088	501,497	229,831	11,166

These population projections underscore the importance of remaining proactive in ensuring access to programs by low-income and their minority individuals. Outreach to underserved populations, especially to the API groups, continues to be a challenge. The AAA must continue with strategic efforts such as contracting with API agencies (4 in FY 2004-05) and innovative projects such as the Cambodian Nutrition Meal Site (launched September 19, 2001; culturally appropriate and geographically accessible to the Cambodian elderly).

#### **4. IDENTIFICATION OF PRIORITIES**

The following identifies the AAA's priorities for its 2005-09 planning cycle and the factors which have influenced this identification.

##### **Adequate Proportion**

The AAA is required to specify annually in the area plan, as submitted or as amended, the amount of funds expended in the fiscal year most recently concluded, the following: services associated with access to services, in-home services, and legal assistance. The details regarding the specific expenditures of these funds are delineated in Appendix V of this area plan.

## **Older Americans Act-Specific Targeting Mandates**

The OAA of 1965, as amended, requires the AAA to provide certain assurances, including those stated in Part Five of this Plan, to the California Department of Aging, the Assistant Secretary for Aging, and the Congress. These assurances emphasize, in part, that the AAA must establish specific objectives for providing services to older individuals with the greatest economic needs and greatest social needs, including specific objectives for providing services to low-income minority individuals, and include proposed methods of carrying-out the preference in the area plan.

Furthermore, OAA-funded providers are required to meet the specific objectives established by the AAA for providing services to low-income minority individuals in the planning and service area. Moreover, the AAA must ensure that each activity undertaken by the agency including planning, advocacy, and systems development will include a focus on the needs of low-income minority older individuals. Additional information related to the AAA's compliance with these assurances is presented in Section B, Targeting Discussion, within this area plan.

## **Other Prioritization Factors**

Finite federal and state revenue, results of the various needs assessment methods conducted, and the population projections per the LTCSP, 2003-06, constitute other important prioritization factors which helped shape the priorities described below.

### Priority Populations.

The AAA will emphasize its planning and programming efforts to the following populations:

- low-income ethnic minority older individuals;
- low-income older women;
- older individuals who are frail, isolated, neglected, and exploited;
- older individuals with limited English-speaking ability;
- older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caregivers;
- older individuals with disabilities with particular attention to individuals with severe disabilities;
- unemployed low-income individuals who are 55 years old or older (Title V)
- caregivers as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities.

### Priority Actions.

The AAA understands the magnitude of the challenge to create a responsive and accessible community-based long-term care system in Los Angeles County. No single entity can form such a system. Incremental steps must be taken by collaborative partners that will shape the system rather than being shaped by "it."

Furthermore, the AAA believes that priorities are not established through narrative descriptions in a plan; rather, priorities are set through actions (i.e., goals and objectives). Hence, the AAA's priorities (congruent with the Plan's 3 Goals) are summarized as follows:

1. *Innovation and Growth.* Mobilizing change through strategic awareness, alignment and readiness. This involves leadership through various methods including convening of interagency work groups, model-building, and pilot-testing.
2. *Customer Value.* Optimizing the quality of life through service excellence and customer satisfaction. This demonstrates our commitment to provide services that are beneficial and responsive, including proactive outreach to underserved populations.
3. *Operational Excellence.* Strengthening the infrastructure of home and community-based services. This builds upon the power of collaboration to improve access to services and better coordinated care.

## **PART TWO: AREA PLAN GOALS AND OBJECTIVES**

Los Angeles County AAA's Goals and Objectives were developed from priorities identified in its needs assessment processes and taking into consideration funding constraints and collaborative opportunities, targeting mandates, and adequate proportion/minimum percentage requirements for Title IIIB Priority Services per requirements of the Older Americans Act and Older Californians Act.

The AAA's strategic themes or initiatives were derived from the Long-Term Care Strategic Plan (2003-06) and shaped into the Plan's three overarching goals: Innovation and Growth, Customer Value, and Operational Excellence.

The Plan's objectives reflect activities that expand beyond the AAA's funding parameters through strategic partnering with County and community resources. Alignment of County and community initiatives through collaborative work is the key to successful implementation. Collaboration is the cornerstone of effective institutional change and should be the guiding theme for the development of systems of long-term care in Los Angeles County.

### **GOAL #1: INNOVATION AND GROWTH**

Mobilize change through strategic awareness, alignment, and readiness.

**Rationale:** Prepare for the anticipated demand in services due to the dramatic growth in the County's aging and disabled adult population.

<b>Objectives</b>	<b>Project Start &amp; End Dates</b>	<b>Title IIIB Funded PD or C</b>	<b>Status</b>
1.1 Work with County and community leaders to identify possible program waivers that would increase federal and state funding for long-term care programs (e.g., Title XIX – Medicaid); partners include IHSS, and Public Authority. (LTCSP, 2003-06)	07/01/05- 06/30/06	PD	New
1.2 Pursue new revenue to support an Office of Senior and Disability Health Services within the Department of Health Services (DHS) to provide leadership in coordinating the delivery of countywide long-term care health-related	07/01/05- 06/30/06	PD	New

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
services (including the promotion of health and disease prevention) for older adults and adults with disabilities; partners include DHS, IHSS, and Public Authority. (LTCSP, 2003-06)			
1.3* Coordinate with DHR to develop and implement a program within the Los Angeles County government workforce to assess County employee caregiver needs (particularly women) and link with caregiver services; partners include DHR, L.A. Caregivers Resource Center, and City AAA. (LTCSP, 2003-06)	07/01/05-06/30/06	C	New
1.4* Work with major County programs (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery by identifying opportunities (e.g., MDT sessions) and resources (including training) for care managers and social workers; partners include APS, DMH, IHSS, and ICM Contractors. (LTCSP, 2003-06)	07/01/05-06/30/06	PD	New
1.5* Coordinate with DMH to develop and implement a program to train long-term care service providers, county agencies, and countywide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities; partners include DMH, and County and City AAA. (LTCSP, 2003-06)	07/01/05-06/30/06	C	New

\* Joint objective with the City of Los Angeles AAA

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
1.6 Provide training and resources to nutrition service providers on enhancements to HDM screening (with special focus on older women), such as falls prevention risk assessment, depression screening, and diabetes care.	07/01/05-06/30/06		New
1.7 Survey I & A workers and care managers to determine training needs in the area of service to caregivers; survey results to be reviewed by experts in the field of caregiving; development training program to meet training needs; and arrange for training to include information on approaches to assist caregivers to make long-term care choices.	07/01/05-06/30/06		New
<b>GOAL #2: CUSTOMER VALUE</b>  Optimize the quality of life through service excellence and customer satisfaction.			
<b>Rationale:</b> To ensure effective and caring services.			
Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
2.1 Identify opportunities for older adults and adults with disabilities and caregivers to enhance self-directed care; partners include the Public Authority, IHSS, and ICM Contractors. (LTCSP, 2003-06)	07/01/05-06/30/06		New
2.2 Establish standards for service delivery and accountability (including customer satisfaction particularly of older women) that are client-centered and built on informal care in the context of families; partners include the Public	07/01/05-06/30/06		New



Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
Authority, IHSS, ICM Contractors and professional providers of specialized services to caregivers. (LTCSP, 2003-06)			
2.3 Develop and implement countywide (unincorporated transportation areas) service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity); partners include Department of Public Works and Beverly Foundation (LTCSP, 2003-06)	07/01/05-06/30/06		New
2.4 Coordinate the development of an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis; partners include the L.A. Caregivers Resource Center, DCFS, and ICM Contractors. (LTCSP, 2003-06)	07/01/05-06/30/06	C	New
2.5 Implement a Families' Evaluation instrument throughout the AAA's eight ADCRCs to evaluate the benefits and impact of services on participants and their families/caregivers; analysis of findings will result in program improvements.	07/01/05-06/30/06		New
2.6 Design and execute a Distinguished Congregate Meal Site Award (emphasizing customer service and hospitality) throughout the 100+ sites countywide; five sites will be selected.	07/01/05-06/30/06		New
2.7 Implement a Congregate Meal Site survey of participants to evaluate reasons for participation decrease; compare findings with survey of program directors; solutions will result in program improvements.	07/01/05-06/30/06	PD	New

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
2.8 Expand legal services to the underserved API populations through partnerships with API Legal Services firms.	07/01/05-06/30/06	PD	New
2.9 Expand employer contacts for the Title V Program by collaborating with the WIB Mature Worker Council in identifying employer leads and developing relationships with employer contacts.	07/01/05-06/30/06		New
2.10 Coordinate with Key Asian Pacific Islander (API) community groups and the HICAP Program to identify viable outreach strategies to the API populations.	07/01/05-06/30/06	C	New
2.11 Develop outcome measures for the ICM Program to determine care management services impact on client's functioning and quality of life; include gender diversity factors to determine differing perspectives.	07/01/05-06/30/06		New
2.12 Expand the ENHANCE Medication Management Project's pharmaceutical review at education clinics to include drug-drug interactions in addition to food-drug interactions.	07/01/05-06/30/06	PD	New

### GOAL #3: OPERATIONAL EXCELLENCE

Strengthen the infrastructure of home and community-based services.

**Rationale:** To improve access to home and community-based services through coordination, collaboration, and integration of services across functional and jurisdictional boundaries.

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
3.1 Re-designate and redesign Focal Points into Aging Resource Centers as community-based points of entry for information and referral to the full range of long-term care services (including health care education) and resources; this involves establishing referral agreements with local agencies and protocols to assist elders and their representatives in the most efficient and least cumbersome manner possible; partners include senior centers, case management and other community-based providers. (LTCSP, 2003-06)	07/01/05-06/30/06	PD	New
3.2 Develop a comprehensive service delivery model to enhance the coordinated delivery of long-term care services, including an integrated case management component, and prepare an action plan (include action steps to address the special needs of older women) to begin its implementation on a countywide basis; partners include IHSS, APS, DMH, MSSPs, and other relevant community-based agencies. (LTCSP, 2003-06)	07/01/05-06/30/06	PD	New

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
3.3 Coordinate service access and delivery to older adults with disabilities, low-income older women, their families, and caregivers (include older women kinship caregivers) through development of service referrals protocols; partners include APS, IHSS, and Public Authority. (LTCSP, 2003-06)	07/01/05-06/30/06	C	New
3.4 Develop and implement a complete redesign of the Integrated Care Management Program in order to improve service delivery and quality, by retaining a consultant and hiring an employee knowledgeable and experienced with the Linkages and Care Management/Case Management Program; includes analysis and solutions of SPA-specific service delivery gaps.	07/01/05-06/30/06	PD	New
3.5 Develop and implement a pilot in the County's unincorporated area to provide volunteer escorts to medical or other necessary trips for older adults and disabled adults; partners include DPW and the Beverly Foundation.	07/01/05-06/30/06	PD	New
3.6 Expand the Books with Meals Program in partnership with the County Library to increase services and social contacts for the Home-Delivered Meals Program participants.	07/01/05-06/30/06		New
3.7* Work with public and private housing agencies to develop a rent-to-prevent-eviction program that specifically targets at-risk adults (including caregivers) and adults with disabilities; partners include Los Angeles Homeless Service Authority, and City AAA. (LTCSP, 2003-06)	07/01/05-06/30/06	PD	New

\* Joint objective with the City of Los Angeles AAA

Objectives	Project Start & End Dates	Title IIIB Funded PD or C	Status
3.8 Pilot the marketing of the AAA's Community Connection Web Site on long-term care services in the cities with an age 60+ population of 20% + (per census 2000); evaluation analysis will result in web site improvements.	07/01/05-06/30/06	PD	New
3.9 Coordinate with the Community Development Commission (CDC), City of L.A. Housing Department, and other partners to expand the Community Connections Web Site to include direct links to housing resources including sources of financial assistance to meet the needs of low and moderate-income individuals.	07/01/05-06/30/06	C	New
3.10 Work with the CDC to increase availability of Section 8 Housing Vouchers for seniors in the County's unincorporated areas; explore the availability of vouchers for assisted living settings.	07/01/05-06/30/06	PD	New
3.11 Foster a linkage between APS and the ICM Programs by establishing a staff advisory committee consisting of front-line staff and supervisors and convening at least quarterly meetings to discuss policy and programmatic issues for the improvement of services.	07/01/05-06/30/06	PD	New
3.12 Convene a Collaboration Retreat with the leadership of the AAA's Advisory Council to foster a mutually-beneficial relationship to move the AAA's leadership initiatives forward.	07/01/05-06/30/06		New

**TITLE III/VII SERVICE UNIT PLAN OBJECTIVES**  
**PSA #19**  
**2005 – 2009 Four Year Planning Period**  
**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

**For discretionary services that will not be provided, check the Not Applicable box ☐.**

**TITLE III/VII**

**1. Personal Care (In-Home)\***

**Units of Service = (1-Hour)**  
**Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	19,825	1,2,3	1.5, 2.1, 3.3
2006-2007			
2007-2008			
2008-2009			

**2. Homemaker (In-Home)\***

**Units of Service = (1-Hour)**  
**Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	26,558	1,3	1.4, 3.3
2006-2007			
2007-2008			
2008-2009			

**3. Chore (In-Home)\***

**Units of Service = (1-Hour)**  
**Not Applicable: ☒ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

4. Home Delivered Meals

Units of Service = (1-Meal)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	757,433	3	3.6
2006-2007			
2007-2008			
2008-2009			

5. Adult Day Care/Health\*

Units of Service = (1-Hour)  
Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

6. Case Management (Access)\*

Units of Service = (1-Hour)  
Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	30,784	1,2,3	1.4, 1.7, 2.1, 2.11, 3.2, 3.4
2006-2007			
2007-2008			
2008-2009			

7. Congregate Meals

Units of Service = (1-Meal)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,304,791	2	2.6, 2.7
2006-2007			
2007-2008			
2008-2009			

8. Nutrition Counseling

Units of Service = (1-Hour)  
Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,892	1	1.6
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

9. **Assisted Transportation (Access)\***

Units of Service = (One 1-way trip)  
Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

10. **Transportation (Access)\***

Units of Service = (One 1-way trip)  
Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

11. **Legal Assistance\***

Units of Service = (1-Hour)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	5,676	2	2.8
2006-2007			
2007-2008			
2008-2009			

12. **Nutrition Education**

Units of Service = (1-Session)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	15,220	1	1.6
2006-2007			
2007-2008			
2008-2009			

13. **Information and Assistance (Access)\***

Units of Service = (1-Contact)  
Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			

\* Indicates Title III-B Priority Services



2006-2007			
2007-2008			
2008-2009			

14. **Outreach (Access)\***

Units of Service = (1-Contact)  
Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	4,813	3	3.1, 3.5, 3.7, 3.8, 3.9, 3.10
2006-2007			
2007-2008			
2008-2009			

15. **NAPIS Service Category 15 – “Other” Title III Services**

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994.)
- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122). [**Title III B** Example: Service Category: Community Services/Senior Center Support. Units of Service: 1 hour – Activity Scheduling.]

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( 3,792 )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	3,792	1	1.2, 1.6
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

<sup>E</sup> Entry Required

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> (5,200)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	5,200	1,2	1.2, 1.6, 2.12
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry Required

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: \_\_\_\_\_

Units of Service and Activity <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry Required

**Title III B, "Other Supportive Services"**

Service Category: \_\_\_\_\_

Units of Service and Activity <sup>£</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: \_\_\_\_\_

Units of Service and Activity <sup>£</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: \_\_\_\_\_

Units of Service and Activity <sup>£</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: \_\_\_\_\_

Units of Service and Activity <sup>£</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>£</sup> Entry Required

## **LONG-TERM CARE OMBUDSMAN**

(Title III B and Title VII a)

Note: For completion of this section, see Instructions for SUP Objective

### **Guidelines**

**Total number of cases to be closed:** Units of Service = (one closed case)

<b>■</b>	<b>1</b>	<b>2</b>	<b>3</b>
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	5,355	1	1.1, 1.2
2006-2007			
2007-2008			
2008-2009			

### **Training for Ombudsman staff and volunteers**

(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	177
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Hours
2005-06	539
2006-07	
2007-08	
2008-09	

Fiscal Year	Total Number of Trainees
2005-06	1,248
2006-07	
2007-08	
2008-09	

### **Visits**

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	7,500
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	1,800
2006-07	
2007-08	
2008-09	

### **Visits, cont.**

Fiscal Year	Projected Number of Volunteers needed
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Number of Existing Volunteers
2005-06	
2006-07	
2007-08	
2008-09	

## **ELDER ABUSE PREVENTION SERVICES (TITLE VII b)**

**Actual Units of Service for the tables below will be reported in NAPIS Service Category 15**  
**The services provided with the units of service will be reported in the Year End Report.**

Activities that support the coordination of elder abuse prevention, investigation, and/or prosecution.

Units of Service = (1 Hour)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,400	1	1.4, 1.5
2006-2007			
2007-2008			
2008-2009			

### **Other Title VII b activities from Division 4000.**

Service Category: \_\_\_\_\_ Units of Service <sup>£</sup> ( )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

Service Category: \_\_\_\_\_ Units of Service <sup>£</sup> ( )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

### **Other Program Accomplishments**

Fiscal Year	Total # of Public Education Sessions
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Developed (Products)
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Distributed (Documents)
2005-06	
2006-07	
2007-08	
2008-09	

<sup>£</sup> Entry Required

## TITLE III E SERVICE UNIT PLAN OBJECTIVES

### PSA #19

2005 – 2009 Four Year Planning Period  
CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the service categories defined in PM 03-10. Related Title III E funding is reported in the Area Plan Budget (CDA 122). This SUP is for the reporting of Title III E services **only**. Report units of service to be provided with ALL funding sources.

For services that will not be provided, check the Not Applicable box ☐

### TITLE III E

#### 1. Outreach

Units of Service = (1-Contact)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	265	3	3.1, 3.5, 3.7, 3.8, 3.9, 3.10
2006-2007			
2007-2008			
2008-2009			

#### 2. Community Education

Units of Service = (1-Hour)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	3,776	3	3.12
2006-2007			
2007-2008			
2008-2009			

#### 3. Information and Assistance

Units of Service = (1-Contact)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**4. Comprehensive Assessment**

Units of Service = (1-Hour)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**5. Case Management**

Units of Service = (1-Hour)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	8,507	1,2,3	1.4, 1.7, 2.1, 2.11, 3.2, 3.4
2006-2007			
2007-2008			
2008-2009			

**6. Transportation  
trip)**

Units of Service = (One 1-way

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**7. Assisted Transportation  
trip)**

Units of Service = (One 1-way

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**8. Counseling**

Units of Service = (1-Hour)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			



9. Caregiver Support Group Meeting)

Units of Service = (1-Hour

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,306	2	2.4
2006-2007			
2007-2008			
2008-2009			

10. Caregiver Training

Units of Service = (1-Contact)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	3,673	1	1.3, 1.7
2006-2007			
2007-2008			
2008-2009			

11. Respite Care Services

Units of Service = (1-Hour)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,486	1,2	1.3, 2.4
2006-2007			
2007-2008			
2008-2009			

12. Minor Home Modifications

Units of Service = (1-Occurrence)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

13. Placement

Units of Service = (1-Placement)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**14. Homemaker****Units of Service = (1-Hour)****Not Applicable: ☐ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	9,561	1,3	1.4, 3.3
2006-2007			
2007-2008			
2008-2009			

**15. Chore****Units of Service = (1-Hour)****Not Applicable: ☒ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**16. Home Security & Safety****Units of Service = (1-Occurrence)****Not Applicable: ☒ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**17. Assistive Devices  
Occurrence)****Units of Service = (1-Single****Not Applicable: ☒ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**18. Visiting****Units of Service = (1-Hour)****Not Applicable: ☒ (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**19. Congregate Meals**

Units of Service = (1-Meal)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**20. Home Delivered Meals**

Units of Service = (1-Meal)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**21. Legal Assistance**

Units of Service = (1-Hour)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,000	2	2.8
2006-2007			
2007-2008			
2008-2009			

**22. Peer Counseling**

Units of Service = (1-Hour)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**23. Translation/Interpretation**

Units of Service = (1-Hour)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**24. Income Support/Material Aid**

Units of Service = (1-Occurrence)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**25. Money Management**

Units of Service = (1-Hour)

Not Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**26. Registry**

Units of Service = (1-Match)

Not Applicable: ☐ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,905	2	2.2, 2.3
2006-2007			
2007-2008			
2008-2009			

Other – Specify:

Service Category: \_\_\_\_\_

Requires PRIOR CDA Approval

Units of Service: <sup>E</sup> \_\_\_\_\_ entry requiredNot Applicable: ☒ (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry required

## **TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES**

**PSA #19<sup>1</sup>**

**2005 – 2009 Four Year Planning Period**

**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Please list your performance measures in the table below. Each AAA must achieve at least the DOL's minimum required performance measures, unless lower measures have been negotiated and approved by the DOL. AAAs may indicate higher performance measures as well.

### **Title V/SCSEP**

<b>Fiscal Year (FY)</b>	<b>Goal Number</b>	<b>Objective Number</b>	<b>CDA Authorized Slots</b>	<b>National Authorized Slots (If applicable)</b>
2005-06	2	2.9	275	
2006-07				
2007-08				
2008-09				

#### **DOL's Minimum Required Performance Measures**

##### **1. Placement Rate – DOL's Minimum Unsubsidized Placement Goal is 25%**

<b>FY</b>	<b>Estimated Unsubsidized Placement Goal %</b>
2005-06	25%
2006-07	
2007-08	
2008-09	

##### **2. Service Level – DOL's Minimum Service Level is 140%**

<b>FY</b>	<b>Estimated Service Level %</b>
2005-06	140%
2006-07	
2007-08	
2008-09	

<sup>1</sup> If not providing Title V, enter PSA number followed by "Not Providing".

4. Service to the Most in Need – DOL's Minimum Goal to Serve the Most in Need is 68%
- 5.

FY	Estimated % Service to the Most in Need
2005-06	68%
2006-07	
2007-08	
2008-09	

4. Community Service Hours Provided – DOL's Minimum Goal for Community Service Hours Provided is 999,400 hours, which is 91% (approximately 950 hours per authorized slot)

FY	Estimated Community Service Hours Provided
2005-06	999,400
2006-07	
2007-08	
2008-09	

5. Employment Retention Rate – DOL's Minimum Employment Retention Rate is 70%

FY	Estimated Employment Retention Rate %
2005-06	70%
2006-07	
2007-08	
2008-09	

6. Customer Satisfaction for Employers, Participants, and Host Agencies – DOL's Combined Minimum Customer Satisfaction Rate for Employers, Participants, and Host Agencies is 80%

FY	Estimated % Combined Customer Satisfaction Rate
2005-06	80%
2006-07	
2007-08	
2008-09	

7. Earnings Increase –  
DOL's Minimum Goal for Earnings Increase 1 is 25% Higher than the Pre-Program Earnings  
DOL's Minimum Goal for Earnings Increase 2 is 5% Higher than Earnings Increase 1

FY	Estimated Earnings Increase 1	Estimated Earnings Increase 2
2005-06	25%	30%
2006-07		
2007-08		
2008-09		

**COMMUNITY BASED SERVICES PROGRAMS  
SERVICE UNIT PLAN (CBSP) OBJECTIVES:  
PSA #19**

**2005 – 2009 Four Year Planning Period  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL** funding sources.

For services that will not be provided, check the Not Applicable box ☐

**CBSP**

**Alzheimer's Day Care Resource Center (ADCRC)**

Not Applicable: ☐ (check)

Fiscal Year	Goal Numbers
2005-2006	2.5
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Caregiver Group Support Sessions
2005-2006	319
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	In-Service Training Sessions
2005-2006	424
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Public/Community Education Training Sessions
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Professional/Intern Educational Training Sessions
2005-2006	176
2006-2007	
2007-2008	
2008-2009	

**Brown Bag**

Fiscal Year	Goal Numbers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated Pounds of Food to be Distributed
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteer Hours
2005-2006	
2006-2007	
2007-2008	
2008-2009	

**Not Applicable: ☒ (check)**

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Distribution Sites
2005-2006	
2006-2007	
2007-2008	
2008-2009	

**(CBSP) Respite Purchase of Services – RPOS**

Fiscal Year	Goal Numbers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

**Not Applicable: ☒ (check)**

Fiscal Year	Respite Hours Purchased
2005-2006	
2006-2007	
2007-2008	
2008-2009	

**CBSP) Respite Purchase of Services – RPOS, cont.DELETE**

Fiscal Year	Purchase of Service Transportation (# of one-way trips)
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Alzheimer's Day Care Resource Center (# of days)
2005-2006	
2006-2007	
2007-2008	
2008-2009	



**Linkages**

Fiscal Year	Goal Numbers
2005-2006	3.11
2006-2007	
2007-2008	
2008-2009	

Not Applicable: ☐ (check)

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2005-2006	300
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2005-2006	450
2006-2007	
2007-2008	
2008-2009	

**Senior Companion**Not Applicable: ☒ (check)

Fiscal Year	Goal Numbers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Service Years (VSYS)
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Hours
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Senior Volunteers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Seniors Served
2005-2006	
2006-2007	
2007-2008	
2008-2009	

# HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

## SERVICE UNIT PLAN OBJECTIVES

### PSA #19

2005 – 2009 Four Year Planning Period

CCR Article 3, Section 7300 (d)

The Service Unit Plan (SUP) utilizes definitions that can be found at [www.aging.ca.gov](http://www.aging.ca.gov). After connecting with the home web page, select "AAA Partners," then "Reporting Instructions," then select "HICAP Reporting Instructions as of July 1, 2004." HICAP reporting instructions, forms, and definitions are centralized there.

The related funding is reported in the HICAP Budget. Indicate the estimated service performance units provided with federal and state HICAP funds.

### HICAP Services

References to Plan Goal(s) and Objective(s) related to HICAP Services without Legal Services Component

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006		1,2	1.1, 2.10
2006-2007			
2007-2008			
2008-2009			

#### 1. HICAP Budget without HICAP Legal Services Budget

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$595,553
2006-07	\$
2007-08	\$
2008-09	\$

#### 2. Community Education

Fiscal Year	Estimated # of Interactive Presentations in SFY. Unit of Service = (1 Presentation)
2005-06	6,500
2006-07	
2007-08	
2008-09	

#### 3. Community Education

Fiscal Year	# of Attendees reached at Interactive Presentations in SFY. Unit of Service = (1 Attendee Reached)
2005-06	150
2006-07	

#### 4. Counseling

Fiscal Year	Estimated # of Clients Counseled in SFY. Unit of Service = (1 Client Counseled)
2005-06	127
2006-07	

2007-08	
2008-09	

2007-08	
2008-09	

##### 5. Counselors

Fiscal Year	Estimated # of Registered Counselors for SFY. Unit of Service = (1 Unduplicated Registered Counselor)
2005-06	33
2006-07	
2007-08	
2008-09	

##### 6. Counselors

Fiscal Year	Estimated # of Volunteer Registered Counselors for SFY. Unit of Service = (1 Volunteer Registered Counselor)
2005-06	27
2006-07	
2007-08	
2008-09	

##### 7. Counselors

Fiscal Year	Estimated # of Active Counselors for SFY. Unit of Service = (1 Unduplicated Active Counselor)
2005-06	28
2006-07	
2007-08	
2008-09	

##### 8. Counselors

Fiscal Year	Estimated # of Volunteer Active Counselors for SFY. Unit of Service = (1 Unduplicated Volunteer Active Counselor)
2005-06	40
2006-07	
2007-08	
2008-09	

#### HICAP Legal Services (if funded and available through HICAP)

##### References to Plan Goal(s) and Objective(s) related to HICAP Legal Services Component

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	386	2	2.8
2006-2007			
2007-2008			
2008-2009			

##### 9. HICAP Legal Services Budget Only

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$
2006-07	\$
2007-08	\$
2008-09	\$

##### 10. Clients

Fiscal Year	Estimated Clients Served for SFY Unit of Service = (1 Client Served)
2005-06	156
2006-07	
2007-08	
2008-09	

**11. Representation**

Fiscal Year	<b>Estimated Hours of <u>Legal Representation</u> for SFY. Unit of Service = (1 Hour of Legal Representation)</b>
2005-06	386
2006-07	
2007-08	
2008-09	

**12. Representation**

Fiscal Year	<b>Estimated Hours of <u>Legal Backup Support</u> to Staff for SFY. Unit of Service = (1 Hour of Legal Backup Support)</b>
2005-06	NA
2006-07	
2007-08	
2008-09	

# APPENDICES

**APPENDIX IA - PSA #19**

**NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

CCR Article 3, Section 7320 (a) (b)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served. If not providing any of the direct services below, check this box ☐.

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

☐ Information and Assistance

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III B

☐ Case Management

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III B

☒ Program Development

☒ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

☒ Coordination

☒ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III D

☐ Disease Prevention  
and Health Promotion

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III E

☒ Outreach to Caregivers

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III E

☒ Information and Assistance to  
Caregivers

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III E

☐ Comprehensive Assessment of  
Caregivers

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title III E

☐ Case Management for Caregivers

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Title VII b

☐ Prevention of Elder Abuse,  
Neglect, and Exploitation

☐ FY 2005-06 ☐ FY 06-07 ☐ FY 07-08 ☐ FY 08-09

Describe the methods that will be used to assure that target populations will be served throughout the PSA. The Los Angeles County Area Agency on Aging is comprised of staff that is multicultural and multilingual. Methods of service include direct outreach at all community events, the circulation of Info Vans throughout the PSA ; The distribution of flyers, direct mailings, and a bi-monthly news magazine.

## APPENDIX IB - PSA #19

### REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

If an AAA plans to provide direct services **other** than those specified in Appendix IA, **a separate Appendix IB must be completed for each type of service provided.** The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box ☐.

Identify Service Category: Community Service

Check applicable funding source:<sup>2</sup>

☒ III B ☐ III C-1 ☐ III C-2 ☒ III E ☐ VII a

☐ CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

☐ HICAP

Basis of Request for Waiver:

☐ Necessary to Assure an Adequate Supply of Service, OR

☒ More economical if provided by the AAA than comparable services purchased from a service provider.

Check each applicable Fiscal Year(s)

☒ FY 2005-06 ☐ FY 2006-07 ☐ FY 2007-08 ☐ FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>3</sup> To be provided.

<sup>2</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>3</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## APPENDIX II – PSA #19

**Check each applicable planning cycle:**

☒ FY 2005-06    ☐ FY 2006-07    ☐ FY 2007-08    ☐ FY 2008-09

### PUBLIC HEARINGS

**Conducted for the 2005-2009 Planning Period**

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator: <sup>4</sup> Yes/No	Hearing Held at Long-Term Care Facility: <sup>5</sup> Yes/No
06/01/05	Willowbrook Senior Center 12915 Jarvis St., Los Angeles, CA 90061	22	Yes	No
06/02/05	East Los Angeles Service Center 133 N. Sunol Drive, Los Angeles, CA 90063	16	Yes	No

**All of the items below must be discussed at each planning cycle's Public Hearings**

- Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. The attendees at the Public Hearings were very encouraged about the efforts to promote more outreach. Some would like more outreach to medical centers and medical resources to be more informed regarding senior health issues. Others mentioned a need to have more outreach to reach caregivers.
- Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?  
☒ Yes                      ☐ Not Applicable (check only if PD and C funding is not being used)  
☐ No                          If No, Explain:
- Summarize the comments received concerning proposed expenditures for PD and C, if applicable. Regarding Program Development, some attendees representing Senior Centers stated that they would like staff members to be available to inform the centers with updates, health awareness issues, and to network for them as a resource. On the subject of Coordination, an attendee stated that she would like to see an expansion of partnerships to include funds, resources, and etc.
- Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services? (See Appendix V)  
☒ Yes  
☐ No                          If No, Explain:
- Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. (See Appendix V)  
 All attendees were encouraged to see more services reach more of the senior population.
- Summarize other major issues discussed or raised at the public hearings.  
 Caregiving issues: strengthen and expand partnerships with agencies that work with caregivers; identify, target and assess the diverse needs of the caregiver population; develop outreach pilot programs to reach the working caregiver population; reminded AAA of the diversity of the populations of Los Angeles County to recognize and address the needs of the ethnic communities; other comments (submitted previously) emphasize the need to address low-income older women's issues.
- List major changes in the Area Plan resulting from input by attendees at the hearings. The AAA evaluated all public (oral and written) comments and revised relevant parts of the plan including objectives to specifically address caregivers and low-income older women.

<sup>4</sup> A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

<sup>5</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in facilities.



**APPENDIX III – PSA #19**

**Check each applicable planning cycle:**

☒ FY 2005-06

☐ FY 2006-07

☐ FY 2007-08

☐ FY 2008-09

**GOVERNING BOARD**

CCR Article 3, Section 7302(a)(11)

**Number of Members on the Board:**    5

**Names/Titles of Officers:**

**Term in Office**  
**Expires:**

Gloria Molina, Chair, Supervisor, First District	2006
Michael D. Antonovich, Chair Pro Tem, Supervisor, Fifth District	2008

**Names/Titles of All Members:**  
**Expires:**

**Term on Board**

Yvonne B. Burke, Supervisor, Second District	2008
Zev Yaroslavsky, Supervisor, Third District	2006
Don Knabe, Supervisor, Fourth District	2008

## APPENDIX IV – PSA #19

Check each applicable planning cycle:

☒ 2005-06    ☐ FY 2006-07    ☐ FY 2007-08    ☐ FY 2008-09

### ADVISORY COUNCIL

45 Code of Federal Regulations (CFR), Section 1321.57  
CCR Article 3, Section 7302 (a) (12)

<b>Total Council Membership (including vacancies)</b>	<u>87</u>	
Number of Council Members 60+	<u>66</u>	
	<u>% of PSA's</u>	<u>% on</u>
	<u>60+Population</u>	<u>Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>54</u>	<u>40.00</u>
Hispanic	<u>21</u>	<u>11.50</u>
Black	<u>10</u>	<u>25.00</u>
Asian/Pacific Islander	<u>13</u>	<u>13.70</u>
Native American/Alaskan Native	<u>26</u>	<u>3.00</u>
Other	<u>&lt;2</u>	<u>6.80</u>

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

Indicate which member(s) represent each of the "Other Representation" categories listed below.

		<u>Yes</u>	<u>No</u>
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Explain any "No" answer. \_\_\_\_\_

Briefly describe the process designated by the local governing board to appoint Advisory Council members.

Membership nominations are accepted by application. The Advisory Council's Administrative Committee recommends candidates. New members are approved by the Advisory Council's Executive Committee. The Governing Board does not appoint members to the Advisory Council.

## **APPENDIX V – PSA #19**

**Check each applicable planning cycle:**

☒ 2005-06

☐ FY 2006-07

☐ FY 2007-08

☐ FY 2008-09

### **PRIORITY SERVICES:**

#### **Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires that the AAA allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds

<sup>6</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

#### **Category of Service & Percentage of Title III B Funds Expended in/or To Be Expended in FY 2005-06 through FY 2008-09**

##### **Access:**

##### **Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach**

05-06 30% 06-07 \_\_\_\_\_ % 07-08 \_\_\_\_\_ % 08-09 \_\_\_\_\_ %

##### **In-Home Services:**

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification

05-06 25% 06-07 \_\_\_\_\_ % 07-08 \_\_\_\_\_ % 08-09 \_\_\_\_\_ %

##### **Legal Assistance Required Activities<sup>7</sup>:**

Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

05-06 8% 06-07 \_\_\_\_\_ % 07-08 \_\_\_\_\_ % 08-09 \_\_\_\_\_ %

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. These allocations are based on previous years' service units for seniors 60+ and adults with disabilities within PSA 19.
2. ☒ Appendix V must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. NA
4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. NA

<sup>6</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>7</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

## **APPENDIX VI – PSA #19**

### **Check each applicable planning cycle:**

☒ FY 2005-06

☐ FY 2006-07

☐ FY 2007-08

☐ FY 2008-09

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### **COMMUNITY FOCAL POINTS LIST**

**CCR Article 3, Section 7302(a)(14)**

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Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106.

ALTAMED ADULT DAY HEALTHCARE CTR  
500 CITADEL DR-SUITE 490  
LOS ANGELES, CA 90040  
HUGO ROMO (323) 728-0411

CITY OF ARCADIA COMM CTR  
PO BOX 60021  
ARCADIA, CA 91066-6021  
JIMMY VENEGAS (626) 574-5130

ALHAMBRA CITY/JOSLYN  
ADULT CTR  
PO BOX 351  
ALHAMBRA, CA 91802-2351  
CYNTHIA JARVIS (626) 570-5089

CITY OF BURBANK  
JOSLYN ADULT CTR  
1301 WEST OLIVE  
BURBANK, CA 91505  
BARBARA GROTH (818) 238-5353

ALTADENA SENIOR CTR  
560 E MARIPOSA ST  
ALTADENA, CA 91001  
DEBRAH SHEPLER (626) 798-0505

CITY OF EL MONTE  
JACK CRIPPEN MPSC  
3120 N TYLER A VE  
EL MONTE, CA 91731  
MARIAN LAST (626) 580-2210

ANTELOPE VALLEY SR CTR  
777 W JACKMAN ST  
LANCASTER, CA 93534  
LINDA JACOBY (661) 726-4400

CITY OF GARDENA  
SR CITIZEN BUREAU  
1700 W 162<sup>ND</sup> ST  
GARDENA, CA 90247  
RALPH TODD (310) 217-9552

AZUSA SENIOR CENTER  
740 N DALTON  
AZUSA, CA 91702  
CAROLYN CRAWFORD (626) 812-5204

CITY OF GLENDORA/  
LA FETRA CTR  
116 E FOOTHILL BLVD  
GLENDORA, CA 91740  
DEBBIE DOZAL (626) 914-0560  
CITY OF LA MIRADA-  
LA MIRADA ACTIVITY CENTER  
13810 LA MIRADA BLVD.  
LA MIRADA, CA 90638  
TOM ROBINSON (562) 902-3160

BALDWIN PARK COMM CTR  
4100 BALDWIN PARK BLVD  
BALDWIN PARK, CA 91706  
IRMA GARCIA (626) 813-5245

CITY OF PARAMOUNT  
14409 PARAMOUNT BLVD  
PARAMOUNT, CA 90723  
DORIS MORELAND (562) 220-2090

BARTLETT SR CITIZEN CTR  
1318 CRAVENS AVE  
TORRANCE, CA 90501  
CINDY SNODGRASS (310) 320-5918

CARSON SR SOCIAL SERVICES  
3 CIVIC PLAZA DR  
CARSON, CA 90745  
MICHAEL PAGE (310) 835-0212

CENTER FOR HEALTHY AGING  
2125 ARIZONA AVE  
SANTA MONICA, CA 90404  
DR. MONIKA WHITE (310) 576-2554

CITY OF POMONA  
COMM SVCS DEPT  
499 E ARROW HWY  
POMONA, CA 91767  
MAYELA AGUILAR (909) 623-2803

LANGLEY SENIOR CTR  
400 W EMERSON AVE  
MONTEREY PARK, CA 91754  
BETH RYANS (626) 307-1395

CITY OF SAN DIMAS  
201 E BONITA AVE  
SAN DIMAS, CA 91773  
ERICA RODRIGUEZ (909) 394-6290

LA VERNE COMMUNITY CTR  
3680 D ST  
LA VERNE, CA 91750  
BILL AGUIRRE (909) 596-8700

CITY OF SAN GABRIEL  
324 S MISSION DR  
SAN GABRIEL, CA 91776  
ALICIA CURIEL (626) 308-2822

LONG BEACH SENIOR CTR  
1150 E FOURTH ST  
LONG BEACH, CA 90802  
SHELLY HELLEM (562) 570-3500

CLAREMONT JOSLYN SR CTR  
660 N. MOUNTAIN AVE.  
CLAREMONT, CA 91711  
MELLISA VOLLARO (909) 399-5488

OLDTIMERS FOUNDATION  
3355 E GAGE AVE  
HUNTINGTON PARK, CA 90255  
GEORGE COLE (323) 582-6090

CULVER CITY SR CTR  
4153 OVERLAND AVE  
CULVER CITY, CA 90230  
CLARK DIKEMAN (310) 253-6700

PETER F SCHABARUM SR CTR  
1556 CENTRAL AVE  
SOUTH EL MONTE, CA 91733  
JACKIE RAINS (626) 448-0131

DUARTE SENIOR CTR  
1610 HUNTINGTON DR  
DUARTE, CA 91010  
PEGGY DIAMOND (626) 357-3513

PICO RIVERA SR CTR  
PO BOX 1016  
PICO RIVERA, CA 90660  
DAN BELLING (562) 948-4844

GLENDALE ADULT REC CTR  
201 E COLORADO  
GLENDALE, CA 91205  
JOHN PIERCE (818) 548-3775

POMONA VALLEY COMM SVCS  
2120 FOOTHILL BLVD STE 115  
LA VERNE, CA 91750  
CARLEENE JONES (909) 593-7511

HUMAN SERVICES  
ASSOCIATION  
6800 FLORENCE AVE  
BELL GARDENS, CA 90805  
DARREN DUNNAWAY (562) 806-5400

SANTA ANITA FAMILY SVC  
603 S MYRTLE AVE  
MONROVIA, CA 91016  
DR. JENNIFER FOOTE (626) 358-1185

INGLEWOOD SR CTR  
111 N LOCUST ST  
INGLEWOOD, CA 90301  
SIKIZI ALAN (310) 412-5338

SO. PASADENA SR CITIZENS CTR  
1102 OXLEY ST  
S PASADENA, CA 91030  
LILLY TORRES (626) 403-7360

JEWISH FAMILY SVC OF LA-  
PICO ROBERTSON MULTIPURPOSE CTR  
8838 W PICO BLVD  
LOS ANGELES, CA 90035  
PAULA FERN (310) 271-3306

SR CARE NETWORK/NORTHWEST  
837 S FAIROAKS AVE STE 100  
PASADENA, CA 91103  
EILEEN KOONS (626) 397-3110

JEWISH FAMILY & CHILDREN SVCS  
3801 E WILLOW  
LONG BEACH, CA 90815  
WENDY PUZARNE (562) 427-7916

SANTA CLARITA VALLEY COA  
22900 MARKET ST  
NEWHALL, CA 91321  
BRAD BERENS (661) 259-9444

WEST COVINA SR CIT CTR  
PO BOX 1440  
WEST COVINA, CA 91791  
VANESSA CARTER (626) 331-5366

WEST HOLLYWOOD SR CTR/\*  
JEWISH FAMILY SERVICE  
7377 SANTA MONICA BLVD  
W HOLLYWOOD, CA 90046  
JOAN LINDELL (323) 851-8202

WHITTIER SR CITIZENS CTR\*  
13225 WALNUT ST  
WHITTIER, CA 90602  
RORY PIERCE (562) 464-3370

WILLOWBROOK SR CTR  
12915 S JARVIS AVE  
LOS ANGELES, CA 90061  
ROLAND YORKE (310) 603-3358

WISE SR SVCS/KEN EDWARDS CTR\*  
1527 FOURTH ST  
SANTA MONICA, CA 90401  
ELIZABETH WILSON (310) 394-9871

#### **NOT CURRENTLY OPERATING AS A FOCAL POINT**

PASADENA SENIOR CTR  
85 E HOLLY ST  
PASADENA, CA 91103  
BEN GREEN (626) 795-4331

## APPENDIX VII – PSA #19

**Check each applicable planning cycle:**

☒ FY 2005-06  
 ☐ FY 2006-07  
 ☐ FY 2007-08  
 ☐ FY 2008-09

**MULTIPURPOSE SENIOR CENTER (MPSC)**  
**ACQUISITION<sup>8</sup> AND CONSTRUCTION<sup>9</sup> COMPLIANCE REVIEW**  
 CCR Title 22, Article 3, Section 7302(a) (15)  
**(This has a 20-year tracking requirement.)**

- ☒ No, Title III B funds have not been used for MPSC Acquisition or Construction.  
☐ Yes, Title III B funds have been used for MPSC Acquisition or Construction.  
 If yes, complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

<sup>8</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

<sup>9</sup> Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with an existing facility, which more than doubles the square footage of that original facility and all physical improvements.

## **APPENDIX VIII – PSA #19**

**Check each applicable planning cycle:**

☒ FY 2005-06   ☒ FY 2006-07   ☒ FY 2007-08   ☒ FY 2008-09

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### **FAMILY CAREGIVER SUPPORT PROGRAM Notice of Intent for Non-Expenditure of Funds Older Americans Act Section 373 (b)**

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Based on review of current family caregiver support needs and services, does the AAA **intend** to fund the following federal support service(s)?

Check ☐ YES or ☐ NO for each of the services identified below.

#### **Support Service**

Service Information ☒ YES ☐ NO  
(Information to caregivers about available services)

Access ☒ YES ☐ NO  
(Assistance to caregivers in gaining access to services)

Caregiver Support Services ☒ YES ☐ NO

Respite ☒ YES ☐ NO  
(Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities)

Supplemental Services ☒ YES ☐ NO  
(Supplemental services, on a limited basis, to complement the care provided by the caregivers)

**Justification:** For any of the five support services the AAA does not intend to fund, explain why each service will not be funded and how each service is being addressed in the PSA:



## **APPENDIX X – PSA #19**

Check each applicable planning cycle:

☒ FY 2005-06   ☐ FY 2005-06   ☐ FY 2006-07   ☐ FY 2007-08   ☐ FY 2008-09

### **Legal Assistance**<sup>①</sup>

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Appendix must be documented on this form and remitted with Area Plan Updates. This Appendix is to be completed electronically.

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements. The Los Angeles County Area Agency on Aging mission is to provide leadership in addressing legal issues that relate to older Californians; to continue to develop legal programs which support client independence and which protect the quality of life of older persons and persons with functional impairments; to continue to collaborate with legal services providers; and promote citizen involvement in the planning and delivery of legal services.
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 6.39%
3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: Seniors in the greatest economic and social need.
4. How many legal assistance providers are in your PSA? Complete table below.

Fiscal Year	# Legal Services Providers
2005-2006	1
2006-2007	
2007-2008	
2008-2009	

5. What methods of outreach are providers using? Discuss: The agency visits more than 30 centers each month; makes community outreach and education presentations; advertises in local newspapers; disseminates brochures, flyers; utilizes radio and television public service announcements; publishes and disseminates an agency newsletter; produces an annual report, and conducts a Lay Advocate Training.
6. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2005-2006	a. Bet Tzedek Legal Services	a. Los Angeles County
	b.	b.
	c.	c.
2006-2007	a.	a.
	b.	b.
	c.	c.

<sup>①</sup> For information related to Legal Services, contact Chisorom Okwuosa at 916 327-6849 or COkwuosa@aging.ca.gov

2007-2008	a. b. c.	a. b. c.
2008-2009	a. b. c.	a. b. c.

7. How do older adults access Legal Services in your PSA? Discuss: A client can access legal services by calling the legal services provider to make an appointment or by making an appointment through their local senior center. Homebound seniors can request a home appointment.
8. What are the major legal issues in your PSA? Include new trends of legal problems in your area: Discuss: Some major issues facing seniors include assistance with public benefits and housing issues. Consumer fraud has been a major legal issue and it continues to rise. Many seniors are caring for their grandchildren and kinship care legal issues are becoming more common. Baby Boomers legal needs are also on the rise, particularly with family care-giving issues
9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: Due to lack of or limited transportation, prospective clients that live in rural areas of Los Angeles County can not come to the legal services provider or a senior center for an appointment. A strategy that will help overcome this problem is coordinating with the legal service provider to increase community education and home visits to clients with no access to public/private transportation.
10. What other organizations or groups does your legal service provider coordinate services with? Discuss:
  1. Los Angeles City and County Long-Term Care Ombudsman
  2. Antelope Valley Senior Center
  3. Intervale Senior Services
  4. East Los Angeles Senior Center
  5. Gardena Senior Center
  6. Glendale Senior Center
  7. Hawthorne Senior Center
  8. Jack Crippen Senior Center
  9. Joslyn Adult Center
  10. Long Beach Senior Center
  11. Pasadena Senior Center
  12. City of Pomona
  13. Rosemead Community Center
  14. Santa Clarita Senior Center
  15. Willowbrook Senior Center
  16. Los Nietos Community Center

The legal service provide has a Formal Letter Agreement or Memo of Understanding with the sixteen agencies listed above. They also engage in continual collaboration with law enforcement agencies, legal services organizations, social workers and hospitals.

# ASSURANCES

## **PART FIVE - ASSURANCES – PSA# \_\_\_\_\_** **Submit with Four-Year Plan Only**

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### **Assurances Required by the Older Americans Act of 1965, as amended in 2000**

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#### **A. The Area Agency agrees that it shall:**

##### **Requirement: OAA 306(a)(2)**

Assurance: Provide assurances that an adequate proportion, as required under Section 307(a)(2), of the amount allotted for Part B to the Planning and Service Area will be expended for the delivery of each of the following categories of services:

- (A) services associated with access to services (transportation, outreach, information and assistance, and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

and assurances that the AREA AGENCY ON AGING will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

##### **Requirement: OAA 306(a)(4)(A)(i)**

Assurance: Provide assurances that will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

##### **Requirement: OAA 306(a)(4)(ii)**

Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

- (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (C) meet specific objectives established by the AREA AGENCY ON AGING, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

##### **Requirement: OAA 306(a)(4)(A)(iii)**

Assurance: With respect to the fiscal year preceding the fiscal year for which such plan is prepared:

- (A) identify the number of low-income minority older individuals in the planning and service area;
- (B) describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) provide information on the extent to which the AREA AGENCY ON AGING met the objectives described in clause (a)(4)(A)(i).

##### **Requirement: OAA 306(a)(4)(B)**

Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

- (A) older individuals residing in rural areas;

- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

**Requirement: OAA 306(a)(4)(C)**

Assurance: Provide assurance that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

**Requirement: OAA 306(a)(5)**

Assurance: Provide assurances that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

**Requirement: OAA 306(a)(9)**

Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

**Requirement: OAA 306(a)(11)**

Assurance: Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and, if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI; and
- (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

**Requirement: OAA 306(a)(13)(A)**

Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

**Requirement: OAA 306(a)(13)(B)**

Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

- (A) the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (B) the nature of such contract or such relationship.

**Requirement: OAA 306(a)(13)(C)**

Assurance: Provide assurances that it will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contracts or such commercial relationships.

**Requirement: OAA 306(a)(13)(D)**

Assurance: Provide assurances that it will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contracts or such relationships.

**Requirement: OAA 306(a)(13)(E)**

Assurance: Provide assurances that it will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

**Requirement: OAA 306(a)(14)**

Assurance: Provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AREA AGENCY ON AGING to carry out a contract or commercial relationship that is not carried out to implement this title.

**Requirement: OAA 306(a)(15)**

Assurance: Provide assurances that preference in receiving services under this title will not be given by the AREA AGENCY ON AGING to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

**Code of Federal Regulations Requirements:**

[a] The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older individuals in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

[b] A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: {1} Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; {2} Provide a range of options; {3} Assure that these options are readily accessible to all older individuals: The independent, semi-dependent and totally dependent, no matter what their income; {4} Include a commitment of public, private, voluntary, and personal resources committed to supporting the system; {5} Involve collaborative decision-making among public, private, voluntary, religious, and fraternal organizations and older people in the community; {6} Offer special help or targeted resources for the most vulnerable older individuals, those in danger of losing their independence; {7} Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community; {8} Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person; {9} Have a unique character which is tailored to the specific nature of the community; {10} Be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future. CFR [1321.53(a)(b)]

Use the resources made available to the area agency on aging under the OAA to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of section 1321.53. [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act. [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with, or access to other services and opportunities for the elderly from the designated community focal points. CFR [1321.53(c)]

Consult with and support the State's Long Term Care Ombudsman Program. [1321.61(b)(4)]  
[Not deem any] requirement in Section 1321.61 to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122. [1321.61(d)]

Assure that individuals age 60 and over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part. [1321.69(a)]

## **B. The California Department of Aging (CDA) assures through the area agencies on aging:**

### **Requirement: OAA 305(c)(5)**

Assurance: That in the case of a state specified in subsection (b)(5), the State agency and area agency on aging shall provide assurance, determined adequate by the State agency, that the area agency will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

### **Requirement: OAA 307(a)(7)(B)**

Assurance:

(A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

### **Requirement: OAA 307(a)(11)(A)**

Assurance: That AREA AGENCY ON AGING will:

(A) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

### **Requirement: OAA 307(a)(11)(B)**

Assurance: That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

### **Requirement: OAA 307(a)(11)(D)**

Assurance: To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

**Requirement: OAA 307(a)(11)(E)**

Assurance: That AREA AGENCY ON AGING will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**Requirement: OAA 307(a)(12)**

Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

**Requirement: OAA 307(a)(14)**

Assurance: That if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area:

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

**Requirement: OAA 306(a)(15)**

Assurance: Provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title

**Requirement: OAA 307(a)(18)**

Assurance: That AREA AGENCY ON AGING will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who:

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

**Requirement: OAA 307(a)(26)**

Assurance: That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.



# AREA PLAN BUDGET